

CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 21, 1992



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Ten new drug categories to join blacklist

Scots get 4.75pc plus professional allowance...

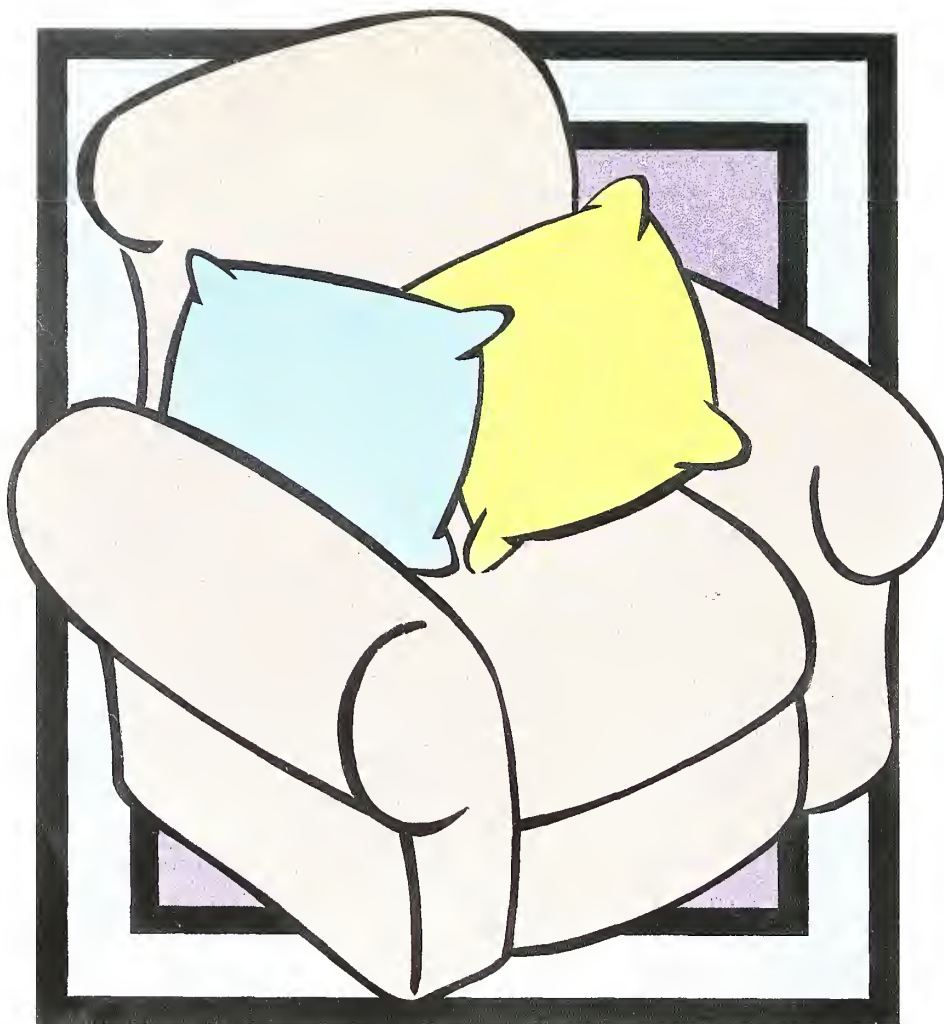
...PSNC goes for it in '93

UK to bid for EC drug agency

Suppliers invited into BAPW fold



Male toiletries buck the trend



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Comment

This week pharmacy is buzzing with a wide variety of news — of Government initiatives to cut the drugs bill (the Selected List gets ten new categories and nurse prescribing is postponed); from contractor bodies (the Scottish PGC negotiates a professional allowance); from the major pharmacy multiple (solid interims announced); and from wholesalers (an associate membership scheme to improve relations with suppliers). All will have their individual impact but their collective impetus is harder to discern.

Boots the Chemists posted healthy half-year figures, largely due to continuing concentration on healthcare. That it should choose to play to its strengths is unremarkable. What is surprising is that it has taken so long. For some years Boots prescription business was in decline, and to many analysts the sales side was similarly underplayed. Things are different now! Boots are taking no prisoners in the High Street or among manufacturers. And they are upsetting independent pharmacists to an unheard of degree. A dispassionate observer might say they are doing little that the better independent has not done for years. Whatever your viewpoint, it is evident that Boots have the muscle to take advantage of the weak —

and that they will. It will behove competitors and pharmacist peers to match such excellence, and to use the personal touch with which the independent will always disadvantage the company man.

Healthcare in Boots delivers some 28 per cent of the business and around half of that is pharmacy, while scripts now account for 15 per cent of the take. The Selected List announcement will doubtless lead to expanded OTC sales, fuelled by an ever faster move of medicines from POM to P. While it is true that prescriptions, even now, yield more cash per sale than most OTC medicines, Boots can control profit better in-house than by having to rely on NHS contractor pay negotiations.

News on negotiations this week takes the profession a step nearer professionalism with Scottish contractors earning a professional allowance from November 1 — the rest of the UK will have to wait until the next pay round. What is clear is that the Government is driving towards a health service in which only above average services are rewarded. Pharmacy has precious little time to determine those services on its terms. Has the Society's president met the Minister? If not, why not? The invitation is two months old...

Ten more drug categories to join Selected List

The Government is proposing to add ten more categories of drugs to the NHS Selected List in an attempt to curb the drugs bill (see table). And the voluntary Pharmaceutical Price Regulation Scheme will be renegotiated with the industry to limit companies' profits from sales to the NHS.

No specific products have been mentioned as possible new blacklist candidates, nor has the Government announced when the changes will come into effect. A Department of Health

New blacklist categories

- Anti-diarrhoeal drugs
- Drugs for allergic disorders, including hayfever remedies
- Hypnotics and anxiolytics
- Appetite suppressants
- Drugs for vaginal and vulval conditions, including thrush
- Contraceptives
- Drugs used in anaemia, including iron preparations
- Topical anti-rheumatics, including liniments and various gels and sprays
- Drugs acting on the ear and nose (including products to help remove ear wax and nasal decongestants)
- Drugs acting on the skin (including a range of products such as emollient ointments, treatments for acne and medicated shampoos)

spokesman could only say that the Selected List would be extended as quickly as possible with changes made "progressively over the next year". The new categories will probably be phased in one at a time.

The Advisory Committee on NHS Drugs will be considering individual medicines in each of the new categories and making recommendations to Ministers. More members will be recruited to the Committee to cope with the extra work.

The Committee will continue to consult with manufacturers and all the leading professional organisations (although the DoH spokesman was unable to confirm exactly which ones).

Under the Selected List scheme, certain medicines in specified therapeutic categories may not be prescribed on the NHS where effective alternatives are available at lower cost. The first seven therapeutic categories were introduced in April 1985.

The Advisory Committee is now being asked to take into



account, for all categories, the purpose for which the drugs are normally used as well as the indications for which they are licensed.

The remit of the Advisory Committee on Borderline Substances is also being extended to consider comparative cost as well as therapeutic use when judging whether an item is suitable for NHS prescription.

The measures were announced last week by Health Secretary Virginia Bottomley, who is

concerned that the total NHS drugs bill is at its highest level ever. "In 1991-92 it amounted to £2,317 million in England and is likely to increase by 11.5 per cent in cash terms this year," she said.

"Growth at this rate has major implications for public expenditure, and if continued it would be at the cost of other health care. Steps must be taken to limit the rate of growth.

"None of the measures will affect patients' ability to receive the medicines they need. What

they will do, however, is ensure that the resources available are used more effectively."

Ministers will be consulting the medical and pharmaceutical professions and the industry on ways to limit the drugs' bill increase. The current PPRS agreement, reached in 1986, expired this Autumn and discussions have already started with the Association of the British Pharmaceutical Industry. They are likely to be completed in the early part of next year.

Scots get 4.75pc with a professional allowance

An eleventh hour agreement last Thursday, only hours before Chancellor Norman Lamont imposed a 1.5 per cent public sector pay freeze, has secured a settlement for Scottish contractors worth £67.5 million for the current year, an increase of 4.75 per cent.

The centrepiece of the deal is the introduction of a professional allowance, something which contractors in England and Wales will not see until next year.

The allowance, which Scottish Pharmaceutical General Council chairman Graeme Millar says will be worth at least £3,000, will be funded out of the existing global sum. To accommodate this the current three main fee bands will be reduced to two. The exact level of the professional allowance and the fee scales have yet to be settled, but the figures should be available by December 1.

The allowance will be paid to contractors who provide or engage in a set range of services:-

- the display of health education material
- the provision of advice and counselling on medicines
- clinical audit, and
- from April 1, 1993, the production of a practice leaflet giving the customer advice on the services offered.

Mr Millar says most of the requirements for the practice allowance are things that pharmacists have been doing for years. Scottish contractors, unlike their counterparts South of the Border, are paid £73 to participate in four hour clinical audit sessions.

Mr Millar says the SPGC will be seeking to increase the £3,000 allowance substantially from next April. Additional qualifying services might include the sale of

prepayment certificates, and distribution of welfare foods, he suggests.

"But we do not want to include anything from the Working Party Report (on the future of community pharmacy) since at the moment we are just redistributing the global sum. We would look for additional services to be funded with new money."

Pharmacies that provide additional services will, in future, be paid more than those that do not, Mr Millar makes clear. This shift to what he describes as "internal peer pressure" to improve services fits in with the SPGC's long-held ambition to move away from a fee-based payment system.

Monitoring of contractors' compliance with the criteria of the professional allowance will be at a "minimal level" at first, according to Mr Millar, but as

Mixed response to extension of selected list

There has been a mixed response to the proposed extension to the Selected List.

John D'Arcy, pharmacist administrator at the National Pharmaceutical Association, said it was difficult to comment until more was known about the proposals, but he hoped the NPA would be among those consulted.

He would not want to see any detriment to patients, nor did he want pharmacists' remuneration to suffer. He was concerned about the possibility of pharmacists being left with dead stock and hoped there would be some form of reimbursement for them.

"On the plus side, it might be good news for the 'POM to P' situation," he said, particularly as the Medicines Control Agency had speeded up deregulation procedures. He also hoped that the introduction of new categories would be better organised than the first selected list, which came as a shock.

The Association of the British Pharmaceutical Industry is meeting the Department in the near future to seek clarification as to how the changes will be implemented and what input the industry might have.

A spokesman said the ABPI was "by no means taking it lying down." There could be significant opposition in Parliament and the Association will be informing MPs about the implications.

ABPI director Dr John Griffin says: "Limiting the availability of NHS medicines means limiting doctors' choice in treating patients. The cheapest medicines are not necessarily the best."

The measures will threaten jobs in the industry and reduce investment into new treatments, he says. The industry exported £2.7 billion of medicines in 1991 and the figure for 1992 promises to be 10-15 per cent higher.

The ABPI points out that the

Government already has powers to control companies' profits on sales to the NHS. Nor does it accept that further steps need to be taken to limit growth in prescribing. Of the 12 per cent growth in the NHS medicines bill last year, 8.8 per cent was due solely to increased prescribing by GPs. But medicines expenditure remains a constant 10 per cent of total NHS spending.

Without knowing which products are affected, it is impossible to say exactly how much revenue the industry could lose, but 90 million prescriptions a year are written for medicines in the ten new categories.

The PSNC will be monitoring developments closely to see if any problems are likely to arise with products listed in the ten categories. Assistant secretary Gordon Geddes said various things were unclear, for example, which contraceptives were to be "deselected", and did this mean

that doctors would be going back to private prescriptions?

The British Medical Association is "not particularly happy" with the proposals but feels it is "just about the only pain-free method to reduce the drugs bill."

● News of the limited list was "the only good news" David Sharpe, PSNC chairman, had to pass on to LPC secretaries in Birmingham on Sunday. He believes there may only be a "flurry" of private scripts written for new entries to the list. But he does expect the recently announced "POM to P fast-track" to accelerate as April 1, 1993 approaches. He noted that the RPSGB president, David Coleman, is on the Advisory Committee on NHS Drugs which will determine which medicines are prohibited.

PSNC gets lead on 1993-94 settlement

The Department of Health has set out the basis on which a possible £3,000 professional allowance will be paid to pharmacy contractors in England and Wales in the 1993-94 pay round.

Compliance is likely to be monitored by Society inspectors, and to be eligible contractors must dispense 1,000 scripts monthly and be 2km from any neighbouring pharmacy.

The Pharmaceutical Services Negotiating Committee was summoned to hear the news late

on the afternoon the Chancellor made his Autumn financial statement. Chairman David Sharpe passed the news to LPC secretaries in Birmingham on Sunday at their Autumn conference (see also p930).

To receive the allowance pharmacists will have to:-

- Produce a practice leaflet
- Advise on prescription medicines
- Display health promotion material
- Dispense 1,000 scripts a month

Mr Sharpe said the allowance is likely to be in the "£3,000 band" for 1993-94 with all contractors eligible next year, by default, until the inspection process has been completed. FHSA officers could do the job, but PSNC would prefer that the Society's inspectors take on the work because of their knowledge and their comparative lack of officiousness.

The 1,000 per month script minimum and 2km pharmacy neighbour limit were not negotiable, Mr Sharpe said, although he anticipated debate over geographical and man-made barriers.

Essential small pharmacies providing a necessary or desirable service will get extra protection and benefits in the next pay round, but Mr Sharpe says the allowance would not go to clustered city pharmacies where dispensing usually is a very small part of the overall business.

In 1993-95, two other service requirements will be added to the list of professional duties which need to be performed to receive the allowance. Contractors will have to participate in:-

- pharmaceutical audit
- other professional practices.

Mr Sharpe said the move towards being paid for specific professional services was something he believed was wanted by both contractors and the Department.

Monies released when on-cost is finally abolished next year will not disappear from the global sum, nor will those pertaining to the professional allowance, Mr Sharpe said. There would be a flat rate dispensing fee plus add-ons for good, professional practice.

1.5pc cap on global sum for 1993-94

The global sum available to UK pharmacy contractors for NHS dispensing in 1993-94 will be capped at 1.5 per cent, including productivity.

PSNC chairman David Sharpe says all other healthcare professions are to be treated similarly, whether or not they have a review body, and that no "catching up" will be allowed from previous financial years.

PSNC officials received this news at a Department of Health briefing last Thursday that followed the Norman Lamont's Autumn statement. Scottish pharmacy negotiators were told at the same time.

For England and Wales a 1.5 per cent increase in the global sum is equivalent to £10 million, or £1,000 a pharmacy over a year.

Mr Sharpe said that with the abolition of on-cost next year PSNC was in discussion with the DoH to determine the rate of progress to a flat rate dispensing fee, although it might not come in for at least five years.

When on-cost went those who would be particularly disadvantaged would be those with high net ingredient costs.

Mr Sharpe said he expected a discount inquiry in February and March next year which would produce a new discount rate for the 1993-94 pay settlement.

In the settlement just concluded, PSNC had been allowed to defray several years of underpayments to contractors for containers against current overpayments. The original 3.8p container fee had been increased to 6.5p, with a further offset negotiated as late as last Wednesday resulting in an equivalent yield of 8.73p.

more money goes into elements it will become stricter.

In fact, monitoring has not been discussed in any detail — it might be through carried out by the Royal Pharmaceutical Society or the local health board, he suggests. "I appreciate that a level of inspection will be required at some stage, but that is the responsibility of the Scottish Office."

"The important thing is that we have agreed a national professional allowance rather than ones that go through health boards or FHSAs. It will be the same for all contractors."

The 1992-93 agreement is backdated to April. Arrears owing to contractors for this year may be cleared by a lump sum payment or higher fee scales for the remainder of the year.

The downside to the settlement as far as the SPGC is concerned is that the Scottish Office has failed to agree to the introduction of an incentive scheme to allow small "non-essential" pharmacies to surrender their contracts. The proposal has run into political quick-

sands.

"The Department did, as part of the settlement for 1991-92, lead us to believe that money would be available for this. The lack of such a scheme will make it very difficult to agree the new fee structure in such a way that some small contractors are not worse off," warns Mr Millar.

A meeting with the Scottish Health Minister has been arranged within the next fortnight, and Mr Millar says he will speak strongly about "contractors' disappointment with the current settlement."

Like the Pharmaceutical Services Negotiating Committee, the Scots have been warned that any pay deal next year will be limited to 1.5 per cent.

Mr Millar says he will be seeking the maximum available increase, exclusive of the growth in prescription volume. "We cannot settle year after year while taking on more work."

"Pharmacists have become more and more efficient. With no on-cost we cannot continue to have volume being ignored when settling at a percentage level."

Nurse prescribing 'reluctantly' postponed, says Bottomley

The introduction of nurse prescribing has been "reluctantly" postponed so that more money is available to spend on essential services, according to Secretary of State for Health Virginia Bottomley. Further steps will also be taken to reduce the rate of growth in the NHS drugs bill, she announced last week.

An extra 190,000 acute in and day patients will receive treatment and one million extra patient contacts by community nurses will take place next year, increasing the number of patients treated by the NHS by over 2.5 per cent, said Mrs Bottomley.

This increase in services is the result of extra funds announced in Norman Lamont's Autumn statement, "and of the efficiency improvements which we expect the service to make", she said.

The Government is providing £29 billion for health services in England next year, which Mrs Bottomley says is an increase in real terms of 1 per cent over forecast outturn, and is equivalent to about 1.8 per cent after taking account of the pay restraint measures on all public sector workers which was also announced by the Chancellor.

Some £800m of new money for next year will go to services

provided by Trusts and other hospitals and community units. The extra money will be used to:

- Reduce waiting times by building on Patient Charter targets
- Providing extra support for community health services
- Health promotion
- Further reduce junior doctors' working hours and provide more Project 2000 training for nurses.

These funds are in addition to the £539m which will be provided to local authorities next year to implement Caring for People.

About £1.5 billion of the £2.1bn capital programme is likely to be spent on building work.

The cash contribution to the non-cash limited Family Health Services in 1993-94 is expected to be just under £6.1bn, which is a

1.8 per cent increase in real terms compared with the forecast outturn for 1992-93.

Expenditure on Centrally Financed Services (CFS) is expected to be £705m in 1993-94. These services include the Prescription Pricing Authority, information services, the Health Education Authority and grants to voluntary bodies, research and social services training.

Question time

Chairman of the Pharmaceutical Services Negotiating Committee, David Sharpe, took questions from local pharmaceutical committee secretaries on Sunday after he had presented full details of the 1992-93 pay settlement for England and Wales (see p931).

Questions included:-

Q In the wake of the introduction of a new selected list, can restricted items on an FP10 be treated as if written on a private script?

A No. The FP10 is the property of the FHSA so a private script would have to be obtained.

Q Given that some pharmacists may be tempted not to dispense very high cost items after on-cost is abolished, can any method of subsidy be arranged?

A Officially, no, but PSNC can cite instances of special advance payments being made to pharmacists by FHSA's

Q Is there scope for getting the Department to increase the advance payment for a month's scripts from 80 to 95 per cent?

A The Department has agreed to do this but only if the required extra funding comes out of the global sum in the year it is introduced. PSNC turned this down as it does not feel it appropriate that pharmacists fund the increase themselves.

Q Should not pay matters that affect all contractors and that are imposed by the Department be discussed in bigger meeting than this — perhaps put to a referendum?

A PSNC is in effect an elected body, a body that represents contractors as a whole. It has to



An ardent bunch of questioners at Sunday's LPC secretaries meeting are second row, left to right: D.Ivory Warwickshire; Robert Curd and John Brickman, both of Middlesex; Michael Levitan, Barnet, and Ben Zackland Middlesex

be trusted to do its best. "I believe that PSNC acts for the vast majority of contractors the vast majority of the time," said Mr Sharpe.

Q Should not regional co-ordinators be appointed across the country to communicate, between the grass roots and the centre, the individual pharmacy initiatives being taken in isolation or through FHSA's?

A Yes. We will look into it. However, not one LPC secretary has yet replied to a request from the secretary for such information.

Q RIP: Why can't all contractors have a forward plan on all future pay negotiations so we can compete on an equal footing? How much will the practice allowance be next year?

A There is a 1.5 per cent cap on NHS pay next year. (See p911 for details of practice allowance).

Q Should there not be incentives for small pharmacies to merge?

A Pharmacies will only merge

while there is control of entry. There are too many pharmacies located irrationally.

Q How can pharmacies get money out of FHSA's that the government has allocated to them for needle exchange, etc?

A By approaching the FHSA directly and individually with the service offered, but before the end of the current financial year when unclaimed or unallocated monies will be lost.

Q Is PSNC aware of the level of depression in pharmacy grass roots over pay?

A Yes.

Premises rise by 16

The number of pharmacy premises registered with the Royal Pharmaceutical Society rose by 16 in October to 11,955.

In England there were 23 additions, including Nottingham City Hospital NHS Trust, and 15 deletions. In London there were four additions, including two premises at St Thomas' Hospital in West Lambeth Health Authority, and no deletions.

In Scotland there were four additions and two deletions.

In Wales there were three additions and one deletion.

AAH Pharmacy Concession Ltd opened two new pharmacies and became the new owners of six pharmacies in England.

RIP mails membership cards

The Liverpool-based pressure group Rescue the Independent Pharmacy has mailed membership cards to contractors who expressed an interest in joining the organisation. The green and gold credit card-style cards carry RIP's logo — three carboys bearing the initials RIP, flanked by two green crosses.

In his accompanying letter, RIP founder member Hassan Argomandkhah asks each member for an annual fee of £25 which will be complemented by sponsorship from various companies. Some have already contributed computer equipment to RIP.

The letter also sets out RIP's intention to print a monthly or bimonthly newsletter, to set up a system of regional secretaries and to hold an annual conference with guest speakers. Members are asked for their thoughts on a time for the conference, and whether they are interested in acting as a regional secretary, or standing for election to the PSNC or local pharmaceutical committees.

4.75pc for N. Ireland?

Contractors in Northern Ireland can expect the announcement of a 4.75 per cent remuneration settlement for 1992-93 sometime next month.

Mr Thos O'Rourke, secretary to the Pharmaceutical Contractors Committee, says he is "99 per cent certain" that contractors in

the Province will be offered the same deal as put to pharmacists in England and Wales. The Pharmaceutical Contractors Committee has not, however, looked at a professional allowance, although Mr O'Rourke says it is something that might be introduced next year.

All change for the PGC

The Pharmaceutical General Council (Scotland) has decided to change its name to the Scottish Pharmaceutical General Council. The higher profile adopted by the Council and its desire to be recognised as an independent organisation within pharmacy has prompted the change, says the SPGC.

At the annual meeting on November 4 it was agreed to increase the representation of the Company Chemists Association on the General Council and Standing Committee from one to two places with immediate effect. It is up to the CCA to nominate their representative, but SPGC chairman Graeme Millar has indicated he would not expect another Boots member.

At the end of the current session (March 1995) the Co-operative Societies will cease to have an automatic right to a place on the Standing Committee which negotiates with the Scottish Health Department.

"The General Council has to move with the times by changing its membership to acknowledge changes in the ownership of pharmacies in Scotland," says Mr Millar.

The SPGC is also on the move. The Council is in the process of acquiring land at Golden Acre in Edinburgh on which to build new offices. The project, costing in the region of £250,000, should be completed in time to allow relocation early in 1995.

The SPGC currently leases offices in York Place from the Royal Pharmaceutical Society's Benevolent Fund, but the lease is to expire in 1995 and there have been indications that the property will no longer be available.

The message is clear

GPs have been reminded of the need to write clearly on private prescriptions and to include all the information required.

The advice comes in a letter to GP (November 13) from Steve Lutener, head of the Inspectorate and Enforcement Division of the RPSGB Law Department.

Mr Lutener says that RPSGB inspectors visiting community pharmacies found incomplete private prescriptions. Common errors were the omission of the patient's address or the date.

Pharmacists are unwilling to ask patients to return to the prescriber for correction of such errors, he says, and it is in the best interests of both professions and the patient's welfare if prescriptions are complete at the time of issue.



Professional integrity under strain

The blinkered opinions of the British Medical Association are not renowned for endearing themselves to pharmacists, but BMA's latest foray into inter-professional relationships has reached a new low. The Association's ethics committee has suggested that, in the changed health market, it is now in order for GPs to own or have a financial interest in pharmacies at their practices.

The BMA then qualifies this outrageous statement by stating that doctors should inform patients of their financial interest in such pharmacies and should not direct prescriptions there!

There have already been instances of doctors establishing limited companies to open pharmacies, but this BMA statement is a thinly veiled encouragement to expand this idea and introduce to non-rural practices the already well-known financial advantages of doctor dispensing. To maintain that the patient will be given a choice, and that prescribing

habits will not be influenced by financial considerations, is to once again make use of that smoke screen of professional integrity that the medical profession always uses when its actions are reprehensible.

If a pharmacy is physically attached to a surgery the immediate assumption is that the arrangement is part of the overall health services offered from that centre.

Equally, if GPs have a financial interest in the pharmacy, then it would be unreasonable to expect them not to encourage patients to use its facilities. They are, after all, human beings and now businessmen as well! In both cases, the service provided by the pharmacy will be subordinated to the most effective financial management of the surgery.

This change in ethical stance by the BMA, however, goes totally against the stated intention of Parliament that, for the good of the patient, doctors shall prescribe, pharmacists shall dispense and that the doctor shall not benefit financially from this process. If this situation is allowed to develop, pharmaceutical independence could be destroyed and the patient will be the loser.

This loophole in the Medicines Act must be quickly closed by Parliament if its intention is not to be usurped by the pecuniary greed of the medical profession.

The Royal Pharmaceutical Society, meanwhile, must immediately clarify the position of pharmacists induced to work for such companies, and clearly state that an obvious financial connection between doctor and pharmacist is still a breach of our Code of Ethics.

The cost of breaking the habit...

"Like a bolt from the blue" would be an apt description of my post last Wednesday when not one but two competitors

for Nicotinell nicotine patch suddenly appeared out of nowhere, and both with a Pharmacy licence.

When I had recovered from the shock I felt delighted because here were anti-smoking courses which offered the motivated potential abstainer a positive alternative to existing products (and not everyone "enjoys" chewing nicotine gum) without the paraphernalia of obtaining a private prescription first. Couple ready availability with direct advertising to the public and the potential is for a winning product at last denting the awesome statistics of tobacco addiction.

My only criticism is the price of both Nicorette Patch and Nicabate. Many patients have been deterred from trying Nicotinell by the high price, yet here we have competitive products which, if anything, are even more expensive. I know demand will be generated by direct advertising but it seems a shame that a more realistic pricing policy could have not been adopted in order to encourage a heavy uptake. As it is I sadly predict that many potential non-smokers will continue with their damaging habit in preference to paying the premium rates demanded for their own sacrifice.

Something for the dustbin

Another supplier has appeared on the generic scene suggesting that it might be to my advantage to compare their prices. Nothing unusual in that, such appeals appear in every post, but this company is called Lack Dispensing Ltd and the introductory letter is signed Dr R.P. Lack MBChB. It commences with the sentence: "You may have heard of our name in relation to our five years trading with dispensing doctors!"

Well Dr Lack, 10 out of 10 for honesty, but a lack of introductory diplomacy hardly designed to endear you to the hearts of community pharmacists! In fact, it was like a red rag to a bull. I cheerfully consigned your sheets to the dustbin but not before I compared your prices as suggested and, thankfully, found them wanting.

Topical REFLECTIONS

The bath oil that doesn't just work in the bath.



If the skin is dry, sensitive and irritated, using soap or any bath additives that foam can make it worse. But Bath E45, an unperfumed oil, can make it a lot better.

Bath E45 treats the whole body simply and effectively. Dermatologically tested and allergy-screened, Bath E45 soothes and softens dry, rough, itching skin, while replacing lost moisture. Bath E45 forms a protective film over the skin, and, due to its silicone content, it keeps the moisture in, and the skin feels the emollient effect long after bathing.

Trials provide ample evidence for the superior efficacy of Bath E45. They show that Bath E45 has a longer-lasting effect than two leading bath emollients¹ and compares well with standard therapy².

Available on FP10 or OTC, Bath E45 can be recommended for bathing dry skin, including such conditions as eczema, dermatitis and psoriasis.



ESSENTIAL MOISTURE THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. CPD 223A. 2. Data on file, Crookes Healthcare Limited, Report No. M89142.

For detailed information on Bath E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

Clinic 'stress' raises blood glucose

Blood glucose levels in diabetic patients are often higher when measured in clinics than when measured by the patients themselves at home.

Doctors at St Vincent's Hospital, Sydney, Australia, have called this phenomenon "white coat hyperglycaemia" which they believe is related to stress and similar to "white coat hypertension" in which blood pressure is higher in the clinic than at home.

They studied 34 patients with non-insulin dependent diabetes who had clinic blood glucose concentrations consistently higher than self-reported levels. "White coat hyperglycaemia" was detected in about half the patients but errors in monitoring technique accounted for the rest of the discrepancies, often because of cognitive or physical impairment.

Writing in the *British Medical Journal* last week, Dr Lesley



Campbell and her colleagues say that doctors are faced with a dilemma because in some patients the discrepancy between home and clinic levels is large enough to warrant a change of treatment. The doctors are now assessing patients more carefully before instructing them how to monitor blood glucose, and those with cognitive defects or physical disability are being helped by

relatives or a district nurse. And monitoring technique is retested every one or two years.

Writing in the same journal, Robert Tattersall, professor of clinical diabetes, University Hospital, Nottingham, agrees that if patients are to monitor their own blood glucose concentrations then careful teaching is required, particularly in older patients.

Pregnancy tests earn good results in review

These days, obtaining a false positive result from a pregnancy test is unlikely. But even a true positive result does not always guarantee a baby nine months later, say the authors of a review of the tests, published in the *Journal of Human Reproduction*.

Most modern pregnancy tests use immunoassay technology to detect the embryo-produced hormone hCG in the urine. This technique is so sensitive that it can reveal a pregnancy just three to four days after fertilisation. And by seven days, the time of the expected menstrual period, such tests are 98 per cent accurate.

This compares to 56 per cent accuracy for the previous generation of pregnancy tests, when they were reviewed back in 1986.

However, the authors point out that failure of the pregnancy is more common with these newer tests — because the earlier the pregnancy is diagnosed, the more likely it is to abort. It is possible for a pregnancy to implant and abort before the expected menstrual period, for example, but this would give a positive result if a test was done after implantation.

A negative result one week after a missed period now virtually guarantees a woman is not pregnant, say the authors. The small chance that the woman had undetectable levels of hCG can be excluded by repeating the test one week later.

The authors conclude that today's pregnancy tests are so simple, convenient, accurate and sensitive that they are unlikely to be improved further by alternative technology.

Zoladex: improving quality of life

Treatments for advanced prostate cancer are often identical in clinical outcome, yet can cause very different psychological and body image problems.

A study in *Quality of Life Research* now suggests men may get more out of life if they choose drug therapy rather than surgical castration. The six-month US study involved 147 patients suffering from advanced prostate cancer; 115 men selected treatment with monthly injections of goserelin acetate (Zoladex), while 32 chose surgical castration. After six months, improvements in quality of life were seen in the Zoladex group. Ability to cope with stress, preoccupation with illness, ability to perform daily activities, sense of wellness, and family relationships all improved.

The average symptom-free period in advanced prostate cancer is 18 months. However, Professor Brian Peeling, consultant urologist at St Woolos Hospital, Newport, Gwent emphasises that quality of life is an essential component: "Fifty per cent of these patients are going to die of their disease and so the only thing we can do is to give them a better quality of life — enable them to play golf, be with their family and enjoy whatever time is left to them."

These results also suggest that quality of life should be used more often in assessments of therapy.

Salmeterol vs salbutamol

For the management of mild to moderate asthma, salmeterol given twice daily is superior to salbutamol given either four times daily or as needed, says study in this week's *New England Journal of Medicine*.

Some 234 patients took part in the double-blind, placebo controlled trial. They were randomly assigned one of three treatment groups — 42ug of salmeterol twice daily, 180ug salbutamol four times daily, or placebo four times a day. All patients could use inhaled salbutamol as needed during the 12 week treatment period.

Bronchodilator responses were consistent within both treatment groups. However, salmeterol gave more sustained



bronchodilation and better prevention of symptoms of asthma than salbutamol.

Equivalent dosages of salmeterol and salbutamol produce nearly the same maximal degree of bronchodilation. The authors therefore suggest that the longer duration of action of salmeterol probably accounts for most of its clinical benefits.

PRESCRIPTION SPECIALITIES

Nicotinell TTS

Nicotinell TTS is currently licensed as a Prescription Only Medicine. Ciba-Geigy say they are now applying for a Pharmacy licence. All existing stocks of Nicotinell will be guaranteed either by exchange or overlabelling in a manner which is acceptable to the Registration Authority and the Pharmaceutical Society. The company will continue to promote Nicotinell to doctors. **Ciba-Geigy Pharmaceuticals. Tel: 0403 272827.**

Betnovate 100g stay

Glaxo say they will not be discontinuing Betnovate cream and ointment 100g tubes from November 30. This is as a result of the government's unexpected announcement that it is to extend the selected list to include drugs acting on the skin. **Glaxo Laboratories. Tel: 081-990 4589.**

Urispas 200mg

Syntex are introducing Urispas 200mg to ensure therapeutic dosing and to improve patient compliance. (250, £27.24). **Syntex Pharmaceutical Ltd. Tel: 0628 33191.**

New form of Aspav

A new noscapine-free formulation of Aspav has been introduced by Roussel. This follows new data based on in-vitro studies which suggest that noscapine may be mutagenic. (100 dispersible tablets, £10.48). **Roussel Laboratories Ltd. Tel: 0895 834343.**

Priadel Liquid

Priadel liquid is now available in a new formulation which excludes colouring agents. The company recommend that patients who are dispensed medication from batches DPC21 to DPC24 and who have

received supplies from previous batches should be informed of the change. **Delandale Laboratories Ltd. Tel: 0227 766353.**

Shortages at Roche

Roche say there is a temporary interruption in the availability of Genticin eye ointment 3g, Gentisone HC cream 15g and Genticin cream 15g. The out of stock situation has been caused by the transfer of production facilities following the company's acquisition of Nicholas Laboratories. **Roche Products Ltd. Tel: 0707 328128.**

New from Nutricia

Glutafin gluten-free and wheat-free white loaf and Glutafin gluten-free wheat-free white rolls are two new products from Nutricia Dietary Products (six £14.41). **Nutricia Dietary Products Ltd. Tel: 081-951 5155.**

Counterpoints

Premcare creates a new niche

Crookes have launched Premcare under the Farley's brand label, said to be the first baby milk for low birthweight infants, for use after special preterm formulas.

Crookes say Premcare can be given when premature or low birthweight babies approach 2kg in weight, when they are often discharged from hospital.

At this stage a preterm formula is usually too rich, and would be replaced with a standard baby milk formula. But Crookes say special nutritional care is still required to help the baby "catch up" with those born full-term.

Premcare contains higher levels of key nutrients than a standard formula, but is less nutrient-dense than a preterm feed. The energy, protein, calcium, phosphorus, copper and zinc content of Premcare is between that of Osterpremi and Ostermilk, for example.

Premcare can be used for at least the first year of life, and should be prepared like any other baby milk. It can be given either as a supplement to breast milk or as the sole source of nutrition. Crookes emphasise that breastmilk is best for babies. However, the company says mothers of premature babies often find breastfeeding difficult.

The company says mothers of low birthweight babies will be introduced to Premcare before leaving hospital. It will be available for retail sale through pharmacies only (450g tin £3.99). Although it is not available on prescription, the company are applying for prescription status.

For hospital use, Premcare is also available as a ready-to-feed 100ml bottle which can be fed via a fine bore nasogastric tube.

Crookes say there are around 50,000 babies born prematurely each year in the UK. On discharge from hospital, many are still



only half the weight of a full-term infant, and show severe growth failure, with low body stores of several nutrients.

A randomised double blind trial on 32 preterm infants, carried out by the Dunn Nutrition Unit, Cambridge (in collaboration with Farley's) suggests a role for special formulas for

preterm infants after hospital discharge.

Preterm infants who stayed on Premcare until at least nine months (adjusting for their premature birth) showed significant increases in weight and length gains compared with those on standard formula. **Crookes Healthcare. Tel: 0602 507431.**



Jackel have introduced a bottle brush designed to clean their Nipper Gripper range of bottles. The brush is curved to reach all traces of milk in the bottles. It retails at £1.99. **Jackel International Ltd. Tel: 091-250 1864**

Unichem extend dispensary aids

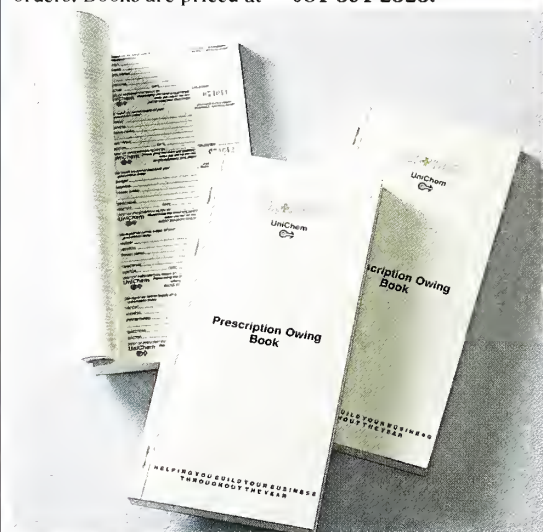
Unichem have added prescription owing books to their range of dispensary aids.

The books contain tear-out tickets which are given to customers as owing slips when a pharmacy is unable to meet a prescription in full. Stock can be ordered using the Prosper system and will be delivered with pharmacist's normal orders. Books are priced at

£3.95.

Unichem will be offering free 1993 pocket diaries containing £1 money off vouchers to pass on to customers.

Customers will receive a 17.5 per cent discount when ordering 25 cases of own label products together with 50 diaries and PoS material. The offer runs until December 31. **Unichem. Tel: 081-391 2323.**



Back to basics with Sensiq additions

Two natural finish make-up bases have been added to the Sensiq range.

Colour Balance Base (30ml £3.49) is a cool green tinted moisturiser said to reduce high colour and even out red tones in the complexion. It should be applied before foundation.

Natural Definition foundation (30ml £2.99) contains moisturisers and silk protein to soften and condition skin. It gives a natural finish and comes in five shades.

Sensiq Powder Spheres (normally £6.75) are on special offer at £4.99 from January, while stocks last.

Due to popular demand the Gentle Action facial scrub, launched as a promotional only item in July, is now a permanent part of the Skin Care collection. It will retail at £4.25.

As an incentive, consumers purchasing the scrub will receive a free 20ml Purifying Cleansing Wash. **Sensiq. Tel: 071-409 1413.**

New Year treats from Rimmel

Limited Editions is a collection of Rimmel Silks lip colour shades in miniature cases for £1.65.

The lip colour bullet is full size and a range of ten shades are available in the

smaller size cases.

The miniatures will be available from January and the offer runs while stocks last. **Rimmel International. Tel: 071-637 1621.**

RAFTING AGENTS DON'T GET TO THE CORE OF THE PROBLEM.

Unlike rafting agents, Asilone neutralises excess acid, the cause of indigestion and heartburn.

The balanced formula of Asilone Liquid provides triple action: quick and lasting relief of indigestion, heartburn and wind (Asilone contains dimethicone, an effective treatment for flatulence). By contrast, rafting agents and many antacids offer little relief from wind.

Asilone is also extremely low in sodium which makes it suitable for people on low-sodium diets – unlike most rafting agents and many other antacids.

These are some of the reasons why doctors prescribe Asilone. And why you should recommend it for indigestion, heartburn and wind.



Asilone[®]

Available only from pharmacies.

Relieves the symptoms
by treating the cause.



Asilone Liquid: Each 5ml contains dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. To obtain a free sample and a comprehensive Professional Guide, write to: Asilone Information Pack, PO Box 12, Nottingham NG7 2GB

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Mild and Refreshing



MOISTURISING
LOTION

Nourishes and Softens

original formulation

Not perfumed
Not coloured
Just kind.



original formulation

Not perfumed
Not coloured
Just kind.

Hawaiian hots up for Summer

Hawaiian Tropic have announced additions to their sunpreps portfolio for the new season.

The self-tanning range, tested in Boots stores last year, now goes on sale nationwide. It comprises two products, self-tanning lotion for light skin and for dark skin (both 180ml £7.95).

The lotions are said to produce an even golden tan in three to six hours. It contains dihydroxyacetone. Brand manager Lisa Palillo, speaking at the launch of the products, advised that pharmacists stock self-tanning products all year round, since they are often used for special occasions.

A counter display unit with header card, holding six bottles, is available to independents.

Dark Tanning gel SPF4 is the other addition (200ml £7.49). Ms Palillo believes gels are a growing sector of the sunprep market — they already account for 9 per cent of Hawaiian Tropic sales in the US. Warner-Lambert. Tel: 0703 620500.



Infacol scores well among new mothers

More than 50 per cent of mothers who treat children of 0-6 months with an infant colic treatment will use Infacol, according to a recently published survey.

Some 129 mothers of children in this age group were questioned. Some 69 per cent believed an infant colic treatment should be sugar-free, while 60 per cent believed it should be alcohol-free.

Clinically-proven guarantees also scored high on the list of favoured

points.

Infant colic was found to have considerable effects on family life, with seven out of ten respondents reporting disturbed evenings, while nearly half had a further disturbance during the night.

The survey also found that 58 per cent of mothers purchase their baby products from their local pharmacists, with price remaining an important consideration. Pharmax Ltd. Tel: 0322 550550.

Muscle toning the Italian way

Up Lift is a new muscle toning system developed by Italian company Sant'Angelica.

The system is designed to tone and firm and buttock muscles by inducing contraction of the muscles through an electric current. It is also

used to treat sports injuries.

Retailing at £135, it should be used in conjunction with conductor gel.

Replacement pads are also available. Sant'Angelica. Tel: 071-495 1056.

Numark catalogue

Numark have launched an own brand catalogue to come out four times a year. Called *The new face of Numark brand*, the catalogue details all the

own label products and includes an order form, merchandising tips and details on PoS material. Numark Management. Tel: 0827 69269.

Astrological oils from Plenty of Scents

Plenty of Scents, the natural fragrance company, are set to launch new brand, You, in January at the International Spring Fair, at the National Exhibition Centre, Birmingham.

The twelve 15ml perfume oils are translated into the different signs of the Zodiac, with each different oil harmonising with the dominant characteristics of the sign, according to the company.

Merchandised on a tailor-made stand with a thematic header card, consumers receive an

"exclusive envelope" for gift purchases with each 15ml oil purchase.

The oil will have a trade price of £1.27 (rrp £2.99), while the full merchandiser, which contains 72 oils, plus testers and gift envelopes for packaging, can be obtained for £91.44.

Visitors to the company's stand at the International Spring Fair can also have an Astro Tarot Card reading when they purchase the complete merchandiser. Plenty of Scents. Tel: 0905 57477.



Hofels have repackaged their range of garlic pearls to feature an illustration of a garlic corm to give a more consumer-friendly look. To save shelf space, the pack has also been changed from landscape to portrait format which means that four of the new packs now take up as much space as three of the old. Hofels Pure Foods Ltd. Tel: 0482 75234

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSkyB British Sky	G Granada	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TWS South West	HTV Wales & West
CTV Channel Islands	TTV Thames	TVS South
LWT London Weekend Television		TT Tyne Tees

Askit capsules:	STV, C4
Askit powders:	STV, C4
Beechams Hot Remedies:	All areas
Colgate toothpaste stand-up tubes:	All areas
Duracell:	All areas
Hill's Balsam:	G, Y
Nicorette:	GTV, U, B, G, HTV, TSW, LWT, TTV, STV, C4
Pearl Drops:	TV-am
Salon Selectives:	GTV, STV, B, Y, TT, C4
Seven Seas cod liver oil:	All areas
Slim-Fast soups:	All areas
Solpadeine:	STV, B, G, C, TV-am, BSkyB
Timotei Honey intensive conditioner:	All areas
Wrigley's Extra and Orbit:	All areas

Bear's tight offer

Hartstone Hosiery have launched a special Bear Brand 3-pair pack of 15 denier tights with Lycra at the "buy-two-get-one-free" price of £2.49.

Available in three colours Nearly Black, Warm Mink and Chiffon and in one size (36in-42in hip), the tights are presented in a distinctive boxpack. Orders placed for 12 dozen or more packs qualify for a free branded dumpbin for display. Hartstone Hosiery. Tel: 0623 558228.

A square deal from Robinson

Robinson Healthcare are giving an extra 20 per cent free on packs of their 100 square breast pads in a drive to boost sales helping the consumer and the retailer.

Promotion packs will be available from mid November. Robinson Healthcare. Tel: 0246 220022.

WE'RE MAKING PROGRESS* - ARE YOU?

If you're not making Progress part of your baby sector business plans - isn't it time you joined the movement?

More and more mothers are buying Progress because it's the sensible milk choice for babies from six months old. It contains generous levels of iron and vitamin D, together with a healthy balance of all other important nutrients.

As the health benefits of follow-up milks become more widely understood



PROGRESS

The milk that makes sense from six months on.

IMPORTANT NOTICE: Progress is a balanced blend of milk solids, vitamins and minerals for babies of 6 months and older. Used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy and sustained growth. Progress is not intended to replace breast feeding.

*SMA and Progress are trademarks

SOURCE: Independent Market Research to December 1991

by mothers and their advisers, sales of Progress from SMA Nutrition increase year on year and this trend is set to continue.

Up 40% from 1989 to 1990 and up 64% from 1990 to 1991.

And our 57% share of the total follow-up market dominates all other brands.

The potential value of the follow-up milk sector is estimated at up to £40 million. That means there is still plenty of Progress to be made. Let's make it together.

PROGRESS SALES

1989

PROGRESS SALES

1990

PROGRESS SALES

1991

Rembrandt paste 'whitens teeth'

Rembrandt whitening toothpaste, manufactured in the US, has been launched in the UK by Grafton International.

The paste contains citroxain, a patented complex of enzymes and polishing agents claimed to whiten teeth while removing plaque and tartar. Rembrandt is described as non-acidic and non-abrasive, and contains fluoride. The company says it should be used as an ordinary toothpaste.

Rembrandt is available in two sizes of tube (3oz £6.95 and 5oz £8.95).

Point of sale and display material are available. The brand is currently being supported with advertisements in the women's Press. Sample sachets are also available from **Grafton International Ltd.** Tel: 021-353 5080.

To clean a tongue

A "tongue cleanser" made from non-toxic plastic is now being distributed and marketed by Tongkleen Ltd.

According to the company the tongue cleanser is specifically designed to flex over the contours of the tongue to remove the bacterial coating externally. Tongkleen say using a toothbrush on the tongue disperses the coating around the mouth and into the digestive system rather than removing it.

The tongue cleanser is available in red, white, yellow and blue with a recommended retail price of £1.79. **Tongkleen Ltd.** Tel: 081-904 0406.



Effico ads

Pharmax are supporting Effico Tonic with a national Press campaign running until March. Colour advertisements will appear in the *Sun*, *Today*, *Daily Record*, *Daily Mirror* and *Daily Mail*. **Pharmax.** Tel: 0322 550550.

Chemcard

AAH Pharmaceuticals' customers can now order the improved Chemcard home cholesterol test from all branches. **AAH Pharmaceuticals.** Tel: 0928 717070.

Clothes Show

Making their debut at Clothes Show Live '92 (Earls Court, December 10-15) are Boots, L'Oréal,

Superdrug, Procter & Gamble and Smith & Nephew.

Money back

Philips are offering £10 cashback on sales of their Satinelle epilator until December 31. **Philips DAP.** Tel: 081-689 2166.

Vitamin offer

Reckitt & Colman have joined forces with Bebecar, manufacturer of pushchairs and nursery products. Throughout 1993 a free bottle of Haliborange multivitamin liquid and information from the Haliborange vitamin initiative will be given away with every purchase of a wheeled product from the range. **Reckitt & Colman.** Tel: 0482 26151.

Winter nail offer from Cutex

Strong on Care is the new collection from Cutex to protect nails through the Winter months.

The collection includes eight shades of Strong Nail polish (£2.85), which contains ingredients to

prevent nails breaking.

Free with any Strong Nail purchase is a Hand & Nail treatment from the Manicurist range. The offer runs from January. **Rimmel International.** Tel: 071-637 1621.

New look sock packs from FJH

Aqua-Rapid Guardsocks are now available in new packaging.

Designed to protect against verrucae and foot infections commonly found in the swimming environment, FJH have also produced a free fact sheet to inform

pharmacists about the effectiveness of the guardsocks.

The guardsocks are available in five sizes and retail at £2.89 per pair (zero VAT sizes) and £3.39 per pair (standard rate VAT sizes). **FJH Ltd.** Tel: 0304 826655.



Christie support for Lucozade

Linford Christie is to star in a new advertising campaign for Lucozade.

Following in the footsteps of Daley Thompson, Linford Christie's endorsement will reinforce the brand's credibility and position,

say Smithkline Beecham.

The campaign will break in November and will run for the following four weeks. Additional support will also be available. **Smithkline Beecham Drinks UK.** Tel: 081-560 5151.

A host of December offers at Numark

Throughout December Numark are offering a range of special promotions.

The promotions are: Johnson's Baby Bath 300ml £1.49; Simplicity Night Time 10s £1.25; Radox Herbal Bath Salts 500g £1.09; Salon

Selectives Shampoo/Conditioner 400ml £1.65.

All the products will be highlighted on special point of sale display boards which can be used with Numark's window display unit. **Numark Management Ltd.** Tel: 0827 69269.

Rimmel Silks campaign

Rimmel International have launched a new television campaign for Rimmel Silks which will last until the end of December.

Designed to convey the luxurious nature of the Silks range, the campaign will cost £1.5 million.

A national women's press campaign will precede the television launch. **Rimmel International Ltd.** Tel: 071-637 1621.

Cool new bag from Aladdin

Aladdin Industries have launched a cool bag range for the picnicware market.

The bags come in two sizes and four colours. They are made of plastic and have a carry handle and a zip top. The bags are supplied flat-packed with header cards.

The existing cool box range is also available in the new colours. **Aladdin Industries Ltd.** Tel: 0442 235858.

CONSTIPATION?

HEATH & HEATHER

INNER FRESH
TABLETS

A natural laxative
for the relief of
occasional constipation

90 TABLETS

HERB SPECIALISTS


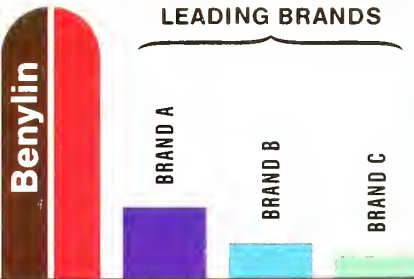
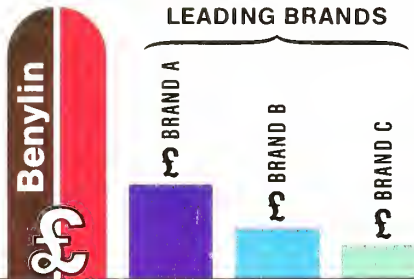


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...your stock questions answered

Who is unsurpassed for speed of relief?	Who is your customer's first choice in coughs?	Who makes the most profits for you?
 <p>Benylin 80%</p> <p>THIXOTROPIC PRODUCT 72%</p>	 <p>Benylin</p> <p>LEADING BRANDS</p> <p>BRAND A</p> <p>BRAND B</p> <p>BRAND C</p>	 <p>Benylin</p> <p>LEADING BRANDS</p> <p>BRAND A</p> <p>BRAND B</p> <p>BRAND C</p>
<p>Benylin, when tested in full clinical trials, amongst actual cough sufferers, against an advertised thixotropic product, was unsurpassed for speed of relief.</p> <p>Ref: Data on file, Warner Lambert report no. BE046</p>	<p>Benylin is your customer's first choice in cough relief, outselling its nearest rival by 3 to 1.</p> <p>Source: Nielsen Ind. Pharms. July/Aug '92</p>	<p>Benylin has a cash rate of sale almost three times higher than the number two brand. And, with a £3m promotional package behind our cough/cold brands, you can depend on Benylin to continue bringing people and profits into your pharmacy.</p> <p>Source: Nielsen Ind. Pharms. July/Aug '92</p>

Which brand should I display and recommend?



**what a relief
for everyone**

TO PLACE AN ORDER, PLEASE CONTACT YOUR WARNER LAMBERT HEALTH CARE SALES REPRESENTATIVE OR YOUR USUAL WHOLESALER.

YPG forges links with RPA

The Young Pharmacists Group is to work closely with the Rural Pharmacists Association in recognition of the importance of rural pharmacy matters to the profession in general.

Members of the YPG attended the RPA's annual general meeting at the Society's headquarters on November 11 and Garry Myers, a YPG Committee member, was elected

secretary of the RPA to assist in closer co-operation between the two organisations.

A statement released by the YPG said the group is to involve itself to a far greater extent in:

- Pharmacy contract applications
- Accessibility to full pharmaceutical services in areas not previously deprived, whether rural or not
- Controlled localities
- Activities of dispensing doctors
- Support to pharmacists facing applications to dispense by doctors.

"It is felt that this serious commitment by the YPG to rural issues will enable far more pharmacists to become aware of this major challenge and opportunity that faces the profession," says the YPG.

"Rural pharmacy is at the sharp end of community pharmacy. If dispensing doctors take over rural pharmacy they will take over community pharmacy as well," RPA chairman Jack Knight told the AGM. "If we can turn the tide back, then community pharmacy is secure."

Mr Knight described the joint venture with the YPG as "extremely progressive". While membership of the RPA had remained fairly static over the year, he was concerned about the lack of active support from the membership. This was highlighted by the fact that only one non-Council member of the RPA attended the AGM.

What the RPA needed was a younger, more active membership and more people from the Midlands and North, said Mr Knight.

The RPA can help people involved in rural problems, he told the meeting. In particular they can put pharmacists in touch with experienced contractors who may be able to pre-empt some of the problems

Labour follows up Tomlinson

Mr David Blunkett, Labour's chief health spokesman, is to lead an inquiry by the party's team of health spokesmen into the effect on NHS services in London of the hospital closure proposals advocated in the Tomlinson report.

The first of the consultative meetings was held at St Thomas' Hospital on Tuesday when Mr Blunkett and his colleagues discussed the issues with doctors, nurses and patients.

that a new rural pharmacist may face. "Instead of being the last port of call when in trouble, make us the first," urged Mr Knight.

"In the future, the RPA will attempt to be more active in its support for pharmacists wishing to open pharmacies in rural areas and will be watching more closely the activities of the DDA," said a RPA statement issued after the meeting. "The RPA will also be taking a more active role in wider current issues within pharmacy generally, eg remuneration, further education and training.

"It is hoped that this fresh approach will help to strengthen the RPA and the YPG collectively and benefit in the longer term the future of community pharmacy."

At the RPA annual meeting Jack Knight was re-elected chairman and Andrew Duckenfield, an active YPG member, was elected vice-chairman. Garry Myers takes over as secretary and Stanley Bubb continues as treasurer.

Those elected to RPA Council included Peter Curphey, Keith Jenkins, Roger King and Dennis Millington.

Pharmacy practice pain award

Entries are now being invited for the third Pharmacy Practice Pain Study Grant worth £1,500. The annual grant, awarded by the Nurofen Pain Relief Project, is intended to cover the costs of a pharmacy-based study into pain and pain management.

The award is open to all pharmacists and pharmacy students working in hospital, community and those attached to academic institutions. The study must be completed within a year of receiving the grant.

Entrants should submit a rationale of their proposed study for assessment by an independent judging panel. Closing date for applications is December 31 and the award will be made in January. Details and entry forms can be obtained from Nurofen Pain Relief Project (PP), 4 Cloisters House, 8 Battersea Park Road, London SW8 4BG.

DDA hears of pharmacists' contribution to care

Using their knowledge and experience of drugs and therapeutics, pharmacists are well placed to advise on optimal drug management and are able to help improve the overall quality of patient care.

That was the message delivered by Andrew Burr, vice-chairman of the Young Pharmacists' Group, to the Dispensing Doctors' Association's annual meeting in Coventry.

Unlike dispensing doctors, pharmacists can provide an independent assessment of each prescription and ensure that the medication is both safe and appropriate, he said. Moreover, dispensing by doctors actually meant that the only safeguard was bypassed, placing greater reliance on the doctors' own knowledge and often the ability of their assistants to dispense.

Mr Burr suggested that many of the problems with the primary healthcare team arose as a result of the stereotype images of the various healthcare professions. "No one profession has all the answers and the only step forward is an interdisciplinary approach."

Mr Burr accepted the criticism that pharmacists are often their own worst enemies. The shopkeeper image and feuding between neighbouring pharmacies over prescription numbers did little to enhance the pharmacist as a healthcare professional.

He questioned the merit of allowing the patient to choose between a community pharmacy or dispensing practice, saying that the decision was too big for the patient alone.

The feeling of DDA delegates was the pharmacist had an important role within the primary healthcare team. Many of the GPs attending suggested that the interests of pharmacy would, however, be best served working within the surgery as either an employee or a practice partner.



Annette Steadman (centre) has received a Marion Merrell Dow "Assistant of the Month Award" for the best task sheets on the NPA staff training course. The Hazlemere Pharmacy, High Wycombe, where she works, is the first independent pharmacy that can boast of three award winning assistants. Jill Shields (left) and Linda King (right) are pictured here displaying their certificates

PSNI COUNCIL REPORT

Woodside new NI president

Dr William Woodside FPS was installed as president of the Pharmaceutical Society of Northern Ireland at the Council's October meeting (C&D November 7).

Dr Woodside was a senior lecturer in pharmaceuticals at the Belfast Department of Pharmacy until leaving to start Ivex Pharmaceuticals where he was managing director until the company was taken over by Galen Ltd.

Mr T. Hannawin, a community pharmacist from Ballynahinch, Co Down, becomes vice-president and Mr R.G. Dillon was elected honorary treasurer.

The Council extended congratulations to Professor Li

Wan Po who has recently been nominated to serve on the Committee on Safety of Medicines.

The Council also approved an application by Mrs Dianne Gill (nee Cowan) to have her name restored to the Register.

The premises of Mr C.A. Williamson, 9 Finaghy Road South, were approved as suitable for pre-registration training.

An application from Caroline Margaret Geary for registration under the reciprocal agreement with the Royal Pharmaceutical Society was also approved.

Magee & Hillan were appointed the Society's auditors and Cleaver, Fulton and Rankin were appointed the Society's solicitors.

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Bulk prescriptions are becoming more frequent as pharmacists' involvement with nursing and residential homes increases, but such scripts can be confusing, as the Pharmaceutical Services Negotiating Committee explains

Relaunched in 1991, Yardley Gold is a long lasting fragrance, mixing a combination of basil, cedar leaf, rosemary, thyme, cinnamon and nutmeg, ideally suited for the 25 plus man who has a keen interest in sport.



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- Tie-breaker: Winning men use Yardley Gold because.....**

Name.....

Address.....

Phone.....

1. Co-danthromer suspension is a Prescription Only Medicine. The prescribing of drugs on a bulk prescription is limited to General Sales List and Pharmacy medicines only (Drug Tariff Pt VIII note 6).

2. The endorsement would not be acceptable. When it is not specified the pharmacist should supply the BP quality Gamgee tissue (blue). Pink denotes Drug Tariff quality which is inferior to BP quality. (Drug Tariff Pt IXA Gauze and Cotton Tissue).

3. There are no prescription charges to be collected on a bulk prescription. In this example there would be two graduated professional fees and two additional bulk fees of 605p. That is, no fees for the disallowed item and only one fee for the two widths of crepe bandage (Drug Tariff Pt IIIA, 1 and 2C and Pt XVI I(vi).)

Age if under 12 years yrs mths		Initials and one full forename 25 Patients All Saints Home	
Address			
Pharmacy Stamp		Pricing Office use only	
Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated		NP
	<div> <div> 2x1L Cotolax Pink <hr/> 24 24 </div> <div> 2 Co-danthromer susp 2 litres Gangee tissue 10 x 5cm Crepe Bandages 7.5cm 10cm x 24 </div> </div>		
Signature of Doctor		Date	
<div> <div> <input type="checkbox"/> </div> <div> </div> </div>			
IMPORTANT Read notes on leaflet before going to the chemist			

ADRs and the elderly in the community

Adverse drug reaction (ADR) reporting is not a matter only for the health care team. Patients can also be encouraged to recognise — or at least suspect — a drug-related cause for their symptoms.

In Iowa, over 3,000 elderly people living in the community were surveyed to discover how many had experienced drug side effects and what the implications were for the use of health care resources.

ADRs were reported by 10 per cent of the sample who experienced 521 reactions to 374 medicines. Diuretics, beta-blockers and other anti-hypertensives accounted for over half of all reactions, and 55 per cent of symptoms involved the GI tract or central nervous system. ADRs were more likely to be reported by those taking more drugs, or those with poorer initial health.

Although the drug name could not be recalled in 19 per cent of cases, the association between drug and symptom could not be confirmed by published reports in only 6 per cent — suggesting a high accuracy of self-reporting.

Of the 318 people who reported an ADR, 239 consulted their physician and two-thirds were instructed to modify their therapy; 0.5 per cent of all those surveyed were admitted to hospital.

Annals of Internal Medicine 1992;117:634-40



Adam Hart-Davis/Science photo library



Attitudes affect ADR reporting

The Committee on Safety of Medicines yellow card scheme was established 25 years ago. Since then, the reporting rate has increased four-fold but is still far lower might be expected from studies which have directly measured high occurrence rates of ADRs.

Sixteen thousand GPs and hospital doctors, selected from districts with known high and low ADR reporting rates, have been surveyed to assess whether their beliefs about the yellow card scheme and ADRs influence their reporting.

In general, the doctors perceived that they reported a similar numbers of adverse reactions, regardless of whether they worked in high or low reporting districts. GPs and consultants from low reporting districts said they spent more time in clinical contact and wrote more prescriptions compared with their peers.

Although there were few other differences among GPs, there was a tendency for hospital doctors from low reporting districts to underestimate the frequency of adverse reactions, to favour payment for reporting, and to be ignorant of the aims of the CSM's monitoring scheme.

Surgical specialties reported significantly fewer ADRs, with many consultants claiming that yellow cards were not readily available. Surprisingly few doctors (28-43 per cent) were aware that they should still report serious but familiar ADRs such as thrombosis with oral contraceptives, though most knew that reporting ampicillin rash is of value to the CSM.

The CSM aims to increase ADR reporting and this study highlights several areas on which to concentrate. In particular, education about the aims and requirements of the yellow card scheme is needed. *British Journal of Clinical Pharmacology* 1992;34:421-6

Anticholinergic effects in the elderly

Elderly patients appear to be especially susceptible to adverse effects on the central nervous system, and to anticholinergic effects in particular. A number of drugs commonly prescribed for elderly people, eg those given for incontinence such as oxybutinin and tricyclic antidepressants, have significant anticholinergic activity, and this may be associated with a risk of confusion or delirium.

Psychiatrists in the USA have measured the *in vitro* anticholinergic activity of 25 drugs commonly prescribed for the elderly and produced some surprising results. Using a radio receptor assay, they compared the anticholinergic activity of the pure pharmaceuticals with

that of atropine sulphate.

Fourteen of the drugs had measurable anticholinergic activity. In many cases this was comparable with levels shown to cause cognitive impairment. Expressed as equivalents of atropine, the activity levels (ng/ml) for some common drugs were: digoxin 0.25; theophylline 0.44; cimetidine 0.86; ranitidine 0.22; and 0.22 for frusemide and nifedipine.

Whether this assay truly measures a clinically significant risk due to anticholinergic effects is unproven, but these data do highlight a potential problem for elderly people, since polypharmacy with many of the drugs tested is common. *American Journal of Psychiatry* 1992;149:1393-4

Elderly at high risk

A lesson in just how important adverse drug reactions are is given by a review of the medical records of 120 elderly patients staying for an average of 24 days in an American general hospital.

Most had been admitted for heart failure, myocardial infarction or pneumonia. A total of 216 serious medical complications were identified, of which 140 (65 per cent) were drug-related. Of these, more than half were preventable. Factors indicating a high risk of drug-induced complications included inability to walk (which increased the risk more than six-fold), and impaired consciousness on admission. *Archives of Internal Medicine* 1992;152:2074-80

Generic prescribing of antidepressants

In keeping with trends for other drugs, the proportion of generic prescriptions for antidepressants is steadily increasing, according to an analysis of Department of Health statistics.

In 1980, 18 per cent of prescriptions were generic but this has increased linearly in the subsequent decade to reach 40

per cent. This trend holds for all antidepressants but is particularly marked for fluvoxamine, introduced in 1987 and the first of the new generation of selective serotonin re-uptake inhibitors (SSRIs).

Fluoxetine and amoxapine (not an SSRI) were introduced in 1989 with a level of generic prescribing — 28 and 63 per cent respectively — unusually high for new drugs. This finding, interestingly, coincides with the results of recent market research by the manufacturer of fluvoxamine, which shows that GPs do not have a favourite brand of SSRI and suggests that their understanding of the mechanism of action of this novel group of antidepressants

may have outstripped brand awareness. This may have been as a result of educational campaigns which promoted awareness of the differences between SSRIs and tricyclic antidepressants.

This emphasises one important aspect of generic prescribing which is often neglected in favour of concentrating on cost savings: the generic name associates a drug with its mechanism of action and should encourage rational prescribing.

Only four of the 22 antidepressants are available as generics, so generic prescribing currently has a limited impact on costs, but the quality of prescribing should improve. *Journal of the Royal Society of Medicine* 1992;85:682-5

Resistance problems to clotbusters

Streptokinase has become the thrombolytic agent of choice because it is cheaper than alternative agents and equally effective. It is, though, contra-indicated in people who have received it within the previous 12 months because it is antigenic and its effectiveness may be reduced by the presence of antibodies.

However, antibodies to streptokinase may occur after a streptococcal infection, and the prevalence of antibodies in the population — and their impact on the effectiveness of streptokinase — is unknown. A group of cardiologists from Cambridge has now provided some answers.

Assays for streptokinase antibody were conducted on blood samples from 40 people admitted for the first time with myocardial infarction (MI) and treated with streptokinase, and on 24 people who had received streptokinase 12 and 24 months previously.

None of those admitted with MI had streptokinase antibodies before treatment. After one week, all had raised levels of antibodies and after ten days the *in vitro* fibrinolytic response was reduced to a mean of 17 per cent of controls. Of those who had received streptokinase up to two years previously, three-quarters still had raised antibodies or a reduced *in vitro* thrombolytic response.

Despite the risk of streptococcal infection in the community, the prevalence of antibodies which might impair the effectiveness of streptokinase is low. After treatment, however, sensitisation is rapid and all those treated acquire a long-lasting resistance to treatment. Some evidence suggests that this may persist for up to four years. Identifying who has previously been treated with streptokinase is difficult at the time of admission and the only answer may be for patients to carry this information themselves. *British Heart Journal* 1992;68:449-53

Prophylaxis of depression but for how long?

Although it is now generally recommended that antidepressants are prescribed as prophylaxis for people with recurrent depression, it is uncertain how long treatment should continue, and for how long it remains effective.

These questions have now been addressed following a successful three year placebo-controlled trial of imipramine plus psychotherapy in 128 people. Those receiving active medication were further randomised to placebo or imipramine (average dose 223 mg/day), with continued psychological therapy as appropriate. In those randomised to placebo, imipramine was gradually withdrawn over three weeks.

Of the 20 recruited, 12 people completed a further two

years' treatment. Seven experienced a recurrence of major depression — all but one in the placebo group and five within the first year — and one person was removed from the study. After two years, the average time to the first episode of depression was 54 weeks in the placebo group and 99 weeks in those taking imipramine. The risk of recurrence was 11 times greater for those taking placebo.

Despite the small size of this study, there seems little doubt that prophylaxis of recurrent depression with imipramine is effective for up to five years. Only one-third of those from whom active treatment was withdrawn remained free of depression for more than two years. *Archives of General Psychiatry* 1992;49:769-73

Auditing prescribing

Pharmacists searching for indicators which measure the quality of prescribing could follow the example of clinical pharmacologists in Newcastle, who have selected cerebral vasodilators as an index of poor prescribing.

There is little evidence that these drugs, which include naftidofuryl and cyclandelate, are effective for their licensed indications, which include dementia and peripheral vascular disease. The inference is that a high level of use of vasodilators could be a marker of poor prescribing generally.

In the Northern region, there were 16,025 prescriptions for these drugs in the third quarter of 1991 at a cost of £200,918. Ninety per cent of prescriptions were for naftidofuryl. There

was a four-fold variation across the region in prescribing rates per 1,000 prescribing units (a person under 65 is one prescribing unit; an older person is three), with costs ranging from £18.73 to £68.57. Seven of the sixteen hospitals in the region accounted for 70 per cent of the prescribing of cerebral vasodilators, due largely to use in psychiatric units.

These data show that the use of cerebral vasodilators varies widely between GPs and hospitals, and that high users can be identified from prescribing data. Whether it follows that other prescribing habits are necessarily poor remains to be seen. *British Journal of Clinical Pharmacology* 1992;34:461P

Tacrine of limited benefit in Alzheimer's disease

In 1991, a British clinical trial of the cholinesterase inhibitor tacrine in 89 patients with Alzheimer's disease showed a marginal benefit. At doses of up to 150 mg/day, the improvement was variable and equivalent to preventing the deterioration which might otherwise occur over 6-12 months. A larger American study has now addressed the same issue.

Of a group of 632 patients initially treated with tacrine, 215 showed some improvement and were randomised to receive placebo or tacrine, 40-80 mg/day for six weeks.

Overall, the physicians assessing the trial could not detect any differences between the tacrine and placebo groups, and there were no significant differences in their clinical rating scores.

However, just as in the UK study, cognitive function declined slightly but significantly less in those taking tacrine and their scores of daily function abilities also fell by less.

Adverse effects were common and included elevation of serum liver enzyme levels and gastro-intestinal upsets. Overall, almost one-fifth of patients were withdrawn because of adverse effects.

This study demonstrates that, even when people are selected according to their favourable response to treatment, tacrine produces only slight benefit. Here, the benefit was judged to be equivalent to avoiding about five months' deterioration, or the ability to remember an additional three words from a list of 10. *New England Journal of Medicine* 1992;327:1253-9



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

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Chairman sets out style of PSNC operations

Pharmaceutical Services Negotiating Committee chairman David Sharpe told local pharmaceutical committee secretaries about the various negotiating stages in the now concluded 1992-93 pay round and presented details of this and past settlements. Here we publish some of those tables, with a brief summary of his presentation. After a 50 minute presentation in Birmingham — perhaps PSNC's own summit conference — Mr Sharpe took two hours of questions.

PSNC membership, by virtue of its constitution, is biased towards the independent, and not as had been suggested in some quarters, towards the multiple, chairman David Sharpe told LPC secretaries.

PSNC decisions are taken by vote, and each PSNC member has only one vote, whatever their constituency. That applies both to the four members nominated by the Company Chemist Association, whose companies own over 2,000 pharmacies between them, as well as to the contractor members elected every four years by LPC region (15) and the five National Pharmaceutical Association nominees, who between them own or "represent" some 38 pharmacies, Mr Sharpe said.

Average gross profit by group. April 1992 to March 1993						
	Group one	Group two	Group three	Group four	Group five	Group six
Av Rx per month	1025	1989	2966	4084	5812	9778
	Pence	Pence	Pence	Pence	Pence	Pence
NIC	668.20	668.20	668.20	668.20	668.20	668.20
Discount	(53.12)	(61.94)	(63.68)	(65.55)	(73.37)	(73.97)
Containers	3.80	3.80	3.80	3.80	3.80	3.80
	618.88	610.06	608.32	606.45	598.63	598.03
Fees (core)	158.25	144.04	123.31	111.69	102.63	93.88
On cost	26.34	26.34	26.34	26.34	26.34	26.34
	184.59	170.38	149.65	138.03	128.97	120.22
Total payments/Rx	803.47	780.44	757.97	744.48	727.60	718.25
Gross profit %	23.0	21.8	19.7	18.5	17.7	16.7

"parliamentary lunches" before Christmas with the implications for their constituents if on-cost is abolished without taking account of the problem in practical terms. The Minister of Health, Brian Mawhinney, is also be asked for a meeting on the same subject.

Crying wolf

If all else failed the media could and would be approached, said Mr Sharpe. However, he did not like to be caught out crying wolf: there was always the problem that larger companies, who could stand the overhead cost better than smaller pharmacies, would offer to dispense such prescriptions whatever the NHS pay deal.

Mr Sharpe said he had long pursued the practice of building

NHS remuneration: 1992-93 settlement

Core income changes (national average net ingredient cost)

GROUP	1991/92		1992/93		
	No or Rx per month	Total Income	No of RX per month	Total Income	% Change
1	990	1902	1025	1983	+4.3
2	1922	3233	1989	3378	+4.5
3	2866	4247	2966	4440	+4.5
4	3946	5402	4084	5641	+4.4
5	5616	7185	5812	7498	+4.4
6	9448	11280	9778	11758	+4.2
Total Payout		584.1		610.0	+4.4

Note: Total income in 1991-92 has been reduced to take account of the £6 million clawback

If there was a bias — and he would not accept that there was — then the bias was in favour of the independent pharmacy. "There is no need to rescue independent pharmacies from PSNC," he said.

Confrontational PR

During question time, Mr Sharpe was challenged on the need for more confrontational public relations, using the national media to expose matters such as the possibility of the public having to shop around to get very high-priced prescription items dispensed after on-cost is removed.

A vote revealed that only one

LPC secretary was willing to put up the money necessary to retain the type of professional PR services engaged in the past.

Mr Sharpe then set out his negotiating style — one that he said delivered results and one which he says he will continue to use while he is PSNC chairman.

Mr Sharpe told Mr M. Jackson of Somerset LPC, who had told the meeting of a current case where pharmacists were passing on high price scripts, that this potential problem had already been pointed out to the Department of Health.

He plans to regale the MPs invited to five PSNC

NHS remuneration: 1992-93 core settlement

	1991/92 OUTTURN	1992/93 SETTLEMENT
	£m	£m
Professional Fees	430.8	463.0
Pot Fee	11.6	14.6
Other Fees	18.0	18.6
ESPS	1.3	1.3
On Cost	128.5	112.5
	590.1	610.0
Less Clawback	(6.0)	-
	584.1	610.0 +4.4%

NHS remuneration: 1992-93 non-core settlement

	1991/92 OUTTURN	1992/93 SETTLEMENT	
Oxygen	8.6	8.8	
Urgent	.7	0.7	
Rota	3.8	3.9	
Pre Reg Training	1.5	2.6	
PMR Res Homes	2.7	2.3	
		2.8	
	17.3	22.1	+22.0%



PSNC chairman David Sharpe tells local pharmaceutical committee secretaries the "whys and wherefores" of the 1992-93 pay round and outlines his style of negotiating

NHS remuneration: 1992-93 settlement

Fee changes

Rota)	PREREGISTRATION TRAINING GRANT
) + 4.75% from 1/11/92	
Oxygen)	Up from £2,880 p.a. to £4,330 p.a.

PATIENT MEDICATION RECORDS

	1991/92	1992/93
Set Up	£180	£250
Annual	£120	£300

RESIDENTIAL HOMES

Initial Visit	£55	£60
Annual (Up to 20)	£215	£300
Annual (> 20)	£350	£450

NHS remuneration: 1992-93 settlement

even months v five months

	APRIL TO OCTOBER	NOVEMBER TO MARCH	TOTAL YEAR
Total Income	+ 7%	+ 2%	+ 4.9%
Core Income	+ 7.0%	+ 0.8%	+ 4.4%
DEDUCT Volume		(+ 3.5%)	
NET CORE INCOME PER RX		- 2.7%	

NHS remuneration: Global sums

	1988/9	1989/90	1990/91	1991/92	1992/93
£m	507.1	502.8	553.2	601.4	631.1
Annual Increase		-0.8%	+10.0%	+8.7%	+4.9%
RPI		+8.1%	+8.2%	+4.0%	+3.3%*
Average Earnings		+9.4%	+8.6%	+8.7%	+5.5%*

*Forecasts

very close, first-name, personal relationships with successive ministers and departmental officials.

This had often stood PSNC in good stead, and he disclosed a telephone call made last week to one such person that had resulted in pharmacy contractors getting £400,000 on top of the already announced pay deal. He could not have succeeded if the personal relationship had not been there, claimed Mr Sharpe.

Core gross profit trends (%)

	ACTUAL
1987/88	23.1
1988/89	22.1
1989/90	20.3
1990/91	20.6
1991/92	20.0
1992/93	19.0

Note: Actual includes lump sums plus clawback

Returning to the PR theme, Mr Sharpe said pharmacy was the most boring profession he knew of, so there had to be a time and place for high profile media PR. He reminded the LPC secretaries — did they need any reminding, he suggested — how rude he could be in a one-to-one situation. But he did not believe that being repeatedly rude to people with whom you were negotiating paid dividends. The personal approach did, however.

Income changes by contractor group

GROUP	1991/92 CORE INCOME	A 1992/93 CORE INCREASE
1	1902	81
2	3233	145
3	4247	193
4	5402	239
5	7185	313
6	11280	478



PSNC chairman David Sharpe (centre) pictured after the Birmingham meeting with Committee executives. From right to left: assistant secretary Michael King, secretary Stephen Axon, financial executive Godfrey Horridge, and assistant secretary Dr Gordon Geddes

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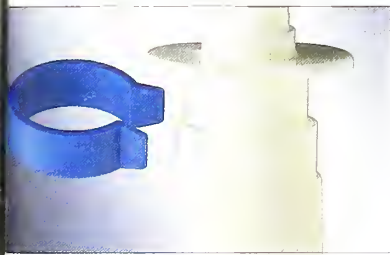
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A singles market

The dynamic male toiletries market has proved itself virtually recession proof, with constant year on year growth. And, with the changing face of the UK male populus, there are few signs of it slowing down. C&D reports.

Ten years ago, you'd have been hard pressed to find a man who admitted to spending more than the cursory ten minutes in the bathroom.

Being seen to be clean was as damaging to male pride as admitting that you enjoyed knitting or knowing that mousse wasn't a large North

American deer.

With the growth of consumer consciousness in the mid to late 80s, however, the average male under went a metamorphosis as braces, stripy shirts and designer labels became the passport to success. And, while the close of that decade saw the abandoning of the Filofaxes and Porsches, the male-specific market was in no mood for turning back.

According to Nielsen, the male toiletries market rose 3.6 per cent in value terms (year to

June 1992), to total £392 million — a figure which Euromonitor predict will hit £470m by 1995. Not bad for a sector which was valued at a only £250m in 1986.

Fragrance led

Fragrances continue to take by far the largest share of this market, accounting for over 60 per cent, followed by deodorants (11.5 per cent), bodysprays (8 per cent) and shaving preps (also at 8 per

(year ending June 1992), their challenge still has some way to go.

Specialising

Other male-specific products which have done well include bodysprays, skincare and shaving products.

Foams and gels continue to fare well in the bathroom, although male-specific shower gels have shown a decline in the last year, according to Cussons, compared with a 33 per cent growth in 1990.

The re-emergence of wet shaving has benefitted the foam and gels market as well, and this sector continues to move rapidly.

By far one of the most



Noir is giving consumers a pair of dice cufflinks free with its 75ml aftershave this Christmas



The Hero range from Elida Gibbs will benefit from a £1 million television and cinema advertising campaign in the run up to Christmas. A range of three Christmas Selection gift packs are available ranging starting at £4.75 and going up to £9.95. Elida Gibbs are also offering Christmas gift selections on the Lynx, Brut and Denim brands

noticeable successes, however, is with bodysprays which have established themselves very quickly, and are currently worth about £39.5m, an increase of 18 per cent (year ending June 1992), according to Smithkline Beecham.

Lynx occupies the number one slot, with about 85 per cent of this market, an increase of 14 per cent on last year, followed by Insignia (3.2 per cent) and Slazenger (2.1 per cent), at the expense of Denim, Blue Stratos and Cussons for Men.

The grocery outlets are dominating sales of bodysprays, taking some 44.9 per cent of the market, an increase of 26.3 per cent in the last year, report Nielsen.

The dominance of these outlets in this sector is also likely to grow as grocery chains seize the profit opportunities offered by male toiletries and expand the shelf space given to it, to the detriment of pharmacies, state Elida Gibbs.

Likewise, grocery outlets continue to expand their share of the shaving market, taking a 45.7 per cent share in the year ending June 1992, an increase of 24.9 per cent, according to Nielsen.

Pharmacy share of shaving products sales in comparison

fell during this period by 8.4 per cent.

Buying habits

Growth in all these fields is led primarily by the youth market, who are more open to the use of bath and shower products and more likely to have disposable income which they are willing to spend on new products.

On average, the rate of purchase for an aftershave is approximately once every six months, although more than a third of all male fragrance purchases fall in the pre-Christmas buying months of November and December.

While some 70 per cent of men always or usually receive toiletries as a Christmas gift, men's gift sets are not keeping pace with the general growth of female gift sets as they are generally less imaginative, according to Elida Gibbs.

This is primarily due to the image surrounding mass market fragrance gift sets which, they say, can be negative as they are felt to be "low effort" gifts requiring little thought.

Compared with some of their European counterparts, however, the buying power of the British male still has some

way to go, spending only £12.80 per head on fragrance products, compared with the French male who spends £18 a year.

And there is still significant room for future growth if the male market is to meet the market penetration of the female-specific market.

Market outlook

In general, the outlook for the male toiletries market looks favourable, although the very rapid growth which was seen in the late 80s is showing signs of slowing down, not least because of changing consumer values, brought about by the recessionary climate.

Without doubt one of the major potential growth areas will be the skincare sector, as the stigma attached to moisturising and protecting skin in the male market subsides.

Some 83 per cent of all male respondents to Elida Gibbs' research agreed that skincare was important, while the figure rose to 97 per cent of males in that all important youth market (13-15 year olds). Furthermore, 80 per cent of 16-24 year olds said they would not be embarrassed to ask for a male moisturiser. Rather than a separate market, however, the consumer may look to his "traditional" brand to alter their specification to include "sensitive" ingredients.

The increasing number of single and divorced men should also have a positive effect on male toiletries, according to Concept International, as more care and time will be spent of perfecting personal appearance.

Likewise, the growing number of men employed in office-based work is expected to head an increase in male grooming aids such as hair mousse, shower gel, and bath additives.

Manufacturers should steer clear of toiletries "jargon", however, say Elida Gibbs, as nearly half of the people questioned said they did not understand the technicalities of the various products, while over a third of all buyers said they would increase their purchases if they had a greater understanding of the terminology used.

cent), say Nielsen.

This is further broken down into mass market toiletries, such as Insignia or Brut, upper mass market toiletries such as Lynx or Celsius, and the fine or prestige distribution fragrances such as Jazz or Aramis.

As the market for male fragrances has progressed, there has been a noticeable trade up to the fine fragrances market, growing by 12 per cent in 1990 compared with just 2 per cent for the mass market fragrances, although this trend has shown signs of slowing considerably as the upper mass market toiletries sector continues to expand rapidly.

Pharmacies currently account for 50.8 per cent of all male fragrance sales, according to Nielsen, a rise of 6.7 per cent on the last year.

Grocery outlets are making a strong surge into this field, however, increasing their market share by 15.5 per cent although, standing at only 4 per cent of the total market

A hint of homme

Male fragrances have become increasingly sophisticated, rising to consumer demand according to the manufacturers, but how much does Mr X really believe his scent has direct relations to his success? Jane Nichols reports.

Fragrances tell you as much about a man as the clothes he wears or the car he drives, according to image consultants.

From sensual and dramatic to invigorating or tropical, how you smell is a direct reflection of your personality, or the person you dream to be, and the wealth of phrases designed to tempt you to the dream image is almost never ending.

But how do you know that your idea of exotic isn't someone else's idea of tropical? What exactly is a sensual fragrance? And, at the end of the day, how much does it really matter?

Building an image which the consumer can identify with has always been an important part of selling a new product.

In terms of male fragrances, manufacturers know that, while discussions about the existence of the "new man" continue to rattle around, male pride is still very much alive and kicking, and woe betide any campaign which dares to question the irresistible appeal of the male sex.

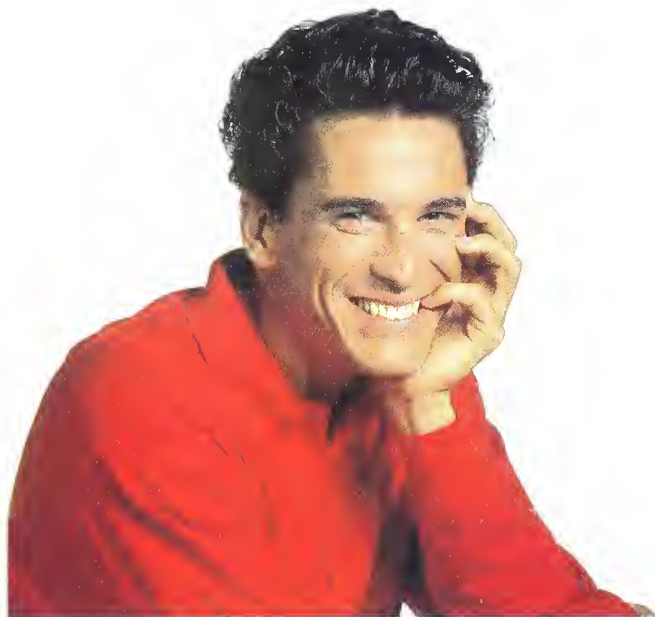
As a consequence, many of the images used to introduce new fragrances continue to draw upon a "boy's own" theme, with fast cars, dangerous sports and other male specific activities.

Witness, for example, the launch of the Pizazz Sport range earlier this year, designed for the C1,C2,D 15-45 age group, who are sports orientated and "work hard, play hard", says the company.

World motor racing champion Nigel Mansell was selected to endorse the product because "he epitomises the British hero with the determination and guts to win — which is important not only in sport but also in business and life in the 90s".

Similarly Yardley's new range for men, Aspen, is designed for "intelligent men who have the courage of their convictions, who thrive on achievement and are able to accept a challenge and make things happen".

Some manufacturers have started to move away from such images, however, opting instead to tempt users with the less tangible, more illusive "sex appeal".



During the 80s, Elida Gibbs relied heavily on sporting heroes to market their Brut range. Fronted by Henry Cooper, Kevin Keegan and Paul Gascoigne, the images drew on the "toys for boys" concept, "splashing it all over".

For its relaunch earlier this year, however, Elida Gibbs threw out this image, opting instead to use the actress Kelly Le Brock — the first woman ever to advertise the brand — and promoting a strong, sexy image.

"Brut has always been about masculinity, confidence and unpretentiousness and we know that these are qualities which women find extremely attractive in a man," explains Vanessa Smith. "In our new commercial, Kelly Le Brock describes the characteristics which she finds attractive in her man." And with a new image comes a new catchphrase: "Brut, the essence of man".

If you're not marketing a classic, well-established brand, keeping fragrances in line with consumer fashions also plays a

major role, although defining fragrance tastes is not easy, not least because, like wine tasting, not everyone responds to the same elements in the same way.

The "uniqueness" of a fragrance depends upon a huge variety of ingredients, including flowers, herbs, spices and even chemical reactions, with each combination designed to provoke a completely new experience.

Although no formal vocabulary to describe a fragrance has ever been established, fragrances are usually judged on their first impressions, how they change as they react with the skin after a few hours and finally how they behave after a longer period, for example, six or seven hours after initial contact with the skin, according to Quest International.

Generally, citrus fragrances are attributed to an invigorating refreshing scent, in much the same way that a lemon scent is added to washing-up liquid to promote a stronger idea of freshness,

while musky, more earthy fragrances, are used to promote a heady, sensual fragrance.

One scent may contain combinations of both however. Noir, for example, has a fresh, herbaceous top note, through the inclusion of lemon and lavender, while its base note is woody and mossy, brought about by the inclusion of olibanum and musk — all of which combine to make a chypre fragrance with oriental undertones, according to the company's Penny Newman.

Fragrance tastes also change, according to Elida Gibbs, and in recognition of this they introduce a new fragrance to the best selling Lynx range every year.

"Male fragrance has changed dramatically over the last five years," explains brand manager Simon Lowden. "Men nowadays, particularly younger men, have increasingly sophisticated fragrance tastes. The regular introduction of a modern, quality, new fragrance, coupled with stylish packaging, keeps the brand relevant, and up-to-date."

In contrast, when Parfums Le Boscq launched their fragrance i at Chemex earlier this year, they attempted to create a "classic" fragrance which would withstand the test of time.

The range was launched to fill a gap in the late teens-early 20s market, according to Simon Brookes, and is designed in the classic style but "more up to date than Saville Row".

To capture its marketplace, the company has opted for promotions via the music and fashion-based press, as well as local radio stations and nightclubs. Noticeably, the company also steered clear of pre-conceived fashionable man in its advertising campaign.

"We want people to see that it reflects their individual personality so we prefer not to set up the image of the ideal user," says Mr Brookes.

To tempt new users, Parfums Le Boscq are offering a 15ml trial size of the aftershave, which comes complete with a product list and a £1 off voucher. The price of the range also places it in the rapid growth area of the upper mass market sector.

Predicting which fragrances will be the best sellers year on year is extremely difficult. Nonetheless, with the increasing range of "practical" products which have a beneficial quality, such as deodorising or moisturising, it is clear that the fragrant male is not about to disappear.

Whether he takes the form of the sex bomb, oozing sexuality at every turn, or the sporting hero whose dynamism (and sweet scent) no-one can resist, who can tell? Whatever the outcome, the marketers will continue to convince us that the right scent is the key to all our aspirations.



Collection 2000 have created their own range of nine aftershaves and matching bodysprays as part of the company's desire to become one of the leading price conscious cosmetic and fragrance manufacturers. The aftershaves will retail at £3.99 for 100ml and £1.39 for the 150ml bodysprays



WHICH ONE WILL BE THE BIGGEST HERO ON THE BOX THIS CHRISTMAS?

Armed with £1.5m on TV, Hero, the male fragrance range from Faberge, will be the star performer on the small screen this Christmas. While Hero's on the box, make sure it's on your shelves. Few men will be able to resist it. And even fewer women.



ELIDA GIBBS
LEADERS IN PERSONAL CARE

Look sharp!

Shaving has come a long way since the scrape of the cut-throat razor at the barber's. Razors and shaving preparations are becoming increasingly high-tech in an attempt to offer the elusive "closest ever" shave. Sarah Purcell reviews the market.



Men spend on average six months of their lives shaving, so it's not surprising the market seems recession-proof. To help matters, designer stubble is out, along with all things "eighties". The up to date '90s man is clean-shaven, smooth skinned and glowing with health, or so the advertisers would have us believe.

However, the truth is that the majority of British men are still conservative in their preening habits, despite the column inches dedicated to "new man". Many still prefer their partners to buy their toiletries for them and when it comes to skincare a sizeable proportion would rather borrow their partner's moisturiser than risk being caught red handed in the chemist by his mates!

The male skincare sector has come a long way in the last five years. Body Shop did a lot of the groundwork with the launch of their popular Mostly Men range in '86 and others are following. The new ranges tend to come from the shaving sector, since research has shown men still prefer "functional" products. It seems skincare needs to be linked with the daily ritual of shaving, so it appears a necessary task rather than simply "pampering" oneself.

The shaving market brought in £141 million in the last year, with sales of blades and razors at £100m, up 15 per cent on the previous year, and shaving preparations increasing by 11 per cent. At Gillette Mary Hiley-Jones, regional marketing manager for Northern Europe, attributes this growth to two products, systems razors and shaving gel. In the blades and razors market, systems razors were estimated to account for 67 per cent of sales this year, with sales of disposables declining at 39 per cent.

Shaving gels now take 29 per cent of the market, up an incredible 75 per cent on last year, while foams stand at 53 per cent.



Growing Up

At Wilkinson Sword marketing manager Steve Griffin says the market has shown tremendous growth, considering it was a stagnant sector only three or four years ago. He sees the main consumer trend as a demand for a closer, more comfortable shave, to which end they launched their Protector razor in April, which features guard wires to protect skin from cutting.

Independent pharmacies are cashing in on the growth of systems razors, say Gillette, and have the highest percentage of sales of any sector at 61 per cent last year, compared with 59 per cent through multiple grocers and 27 per cent through independent grocers.

Wet or dry?

In the UK only 30 per cent of men use electric or battery operated shavers, in spite of the fact that ownership is high — some two thirds of men have one. Figures for usage are much higher in other northern European countries such as Germany, Holland and Denmark, where there is more of a tradition of dry shaving.

Catch them young, is the answer, according to electrical manufacturers. Braun have

introduced Action Line, a range of shavers aimed at first time shavers. Packaged in eye catching black and red, the traditional "male" colours, the foil shavers feature an extendable long hair trimmer, said to work well on young, soft hairs. They retail from £39.99 to £59.99 and will be supported by a pre-Christmas advertising campaign. A cashback offer is available on shavers worth over £35.

At Philips they estimate the electric shaver market to be worth £48m, with some 50 per cent of purchases being gift purchases made by women. A pre-Christmas television campaign capitalises on this fact, based on the theme "For the man inside".

High-tech

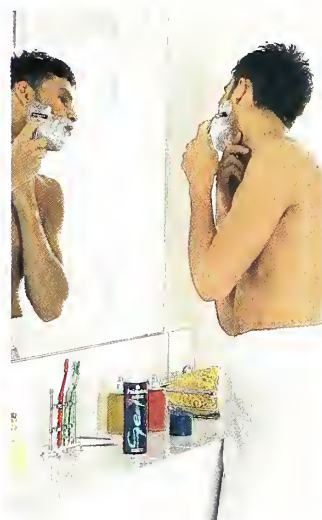
Following the trend in women's skincare, the male shaving preparations market is becoming more high-tech to

redefine the way men think about male grooming."

At Colgate-Palmolive they stress that independent pharmacies are stronger in the more traditional products such as shaving creams and sticks, where they hold 20 per cent of the market, but are weaker in foams and gels. Brand manager Tom Zerman says: "Shaving preparations are our business. We have concentrated on what we have always been good at, rather than diversifying into razors. We have major plans for the brand in '93."

More confident

Some 60 per cent of men now purchase for their own use, compared with a third ten years ago. However, just as most men only buy clothes when they feel they need something and are unlikely to browse for pleasure as women do, they like their grooming products to be functional, rather than just



revitalise sales, renew consumer interest and drive the value of the market up. Procter & Gamble, for example, introduced a hydro-gel range first to Oil of Ulay and then to Old Spice (see C&D Sep 19). The two watchwords in the shaving preparations market are sensitive skin and moisturising benefits. Most manufacturers are incorporating sensitive skin variants to their ranges and adding moisturising agents to their products.

Gillette have launched the Series range (see C&D Oct 17), comprising 13 different products linked by a common fragrance, Cool Wave. The shaving gels and foams are said to offer improved lubrication, skin protection and a better dispensing system. They come in normal and sensitive variants, as well as a shaving gel concentrate. The aftershave gel and balm have strong skincare links. They are said to replace lost moisture, soften skin, and are easily absorbed. The range will be marketed alongside the Sensor razor in a new advertising campaign which continues the "Best a man can get" theme.

Commenting on the launch, Gillette's UK general manager for Northern Europe, Bruce Cleverly says: "We're aiming to

fragrance and image-based. Mary Hiley-Jones at Gillette believes that advertising should reflect this: "Adverts for male grooming products must be masculine to reassure men that it's OK to use these products. They are still conservative and need a performance platform."

At Wilkinson Sword Mr Griffin agrees. "The way to develop the market is to convince men that it is not effeminate to be interested in skincare and to introduce it into the daily grooming routine. The shaving manufacturer is best placed to do this."

Ms Hiley-Jones predicts that the growth of the skincare market will be gradual, although Gillette expect the market for skin conditioners to double over the next two to three years.

The male skincare market is dominated by 18-35 year old purchasers, according to Roc. Many men still purchase female products, they say, particularly moisturisers.

While most manufacturers are looking to gels for growth, David Somerset have launched Total Shaving Solution, a blend of essential oils and menthol in a base of fixed oils. "To use, wet the face, apply three drops

Continued on p940

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Continued from p938

of oil to the palms, rub together and massage into beard. Wet razor and shave." Its advantages, says the company, are that it is clear, so you see where you shave, and that it contains no chemicals that may irritate skin. It retails at £2.99 for a 1/4 oz bottle (lasting three months) and £9.95 for a 1 oz bottle.

Flighty back

Grocers are steadily increasing their sales of shaving preparations and dominate the blades and razors sector. Advice to pharmacists from Ms Hiley-Jones at Gillette is to improve display. Systems razors should be in the centre of the display, she advises, and disposables put in baskets. "You should try to sell male grooming products as a whole concept. Group all the products together as men don't like to wander round the store looking for products."

Mr Griffin at Wilkinson Sword advises pharmacists to make sure their product selection matches the market. "Don't stock too many disposables — systems razors should be at the centre. Make sure your fixture is clear and easy to understand."

Many manufacturers also complain that gels and sensitive skin variants, the fastest growing areas of the preparations market, are underfaced. At Colgate-Palmolive Michael Bealing, chemist sector manager, advises pharmacists to review the number of foams stocked, bearing in mind the fact that fewer men are now buying them.

Although the male market is growing and there is potential for skincare, the average British man only spends between £30 and £100 a year on all his toiletries, including shaving products. Compare this with how much women spend to see how much ground there is still untaken.

The deodorant market may not have increased in size, but product development is still high on the agenda

The deodorant market has remained relatively static since the highs achieved in 1990, with usage remaining primarily

"under arm" only, according to Taylor Nelson's "Man in the Bathroom II" study.

Around 77 per cent of men currently use an anti-perspirant deodorant daily, rising to 98 per cent of 16-24 year olds, with pharmacies accounting for more than 40 per cent of all deodorant sales (Nielsen).

Grocery outlets have made a determined effort to increase their sales within this market however, currently with around 32.1 per cent of the market, and growing at more than

double the rate of pharmacies.

Despite the lack of growth, the deodorants market has not stood still, with a number of innovations entering the market over the past year.

Carter-Wallace repackaged their Arrid Extra Dry range during in April, following this innovation with a brand new product, Arrid Deodorising Shower Gel, which the company claims offers the benefit of a naturally-based anti-bacterial ingredient which deodorises as well as cleansing the skin.

Gillette have also launched a "revolutionary" range of deodorising products which the company claims is "the first significant innovation in this category for ten years".

Launched with the Cool Wave fragrance, the Gillette Series Cleargel anti-perspirant and deodorant features a patented grid applicator that allows even distribution of gel across the skin, which when dried, leaves an invisible layer of protection. Also available in the new range are anti-perspirant and deodorant stick with a smoother, heat responsive formulation, said to reduce residue, and an APD spray.

Smithkline Beecham updated their Slazenger Sport range as well to keep the brand at the forefront of consumer choice.

The shower gel, body spray and shampoo were all given a re-vamped packaging to help them stand out from the shelves, while a new variant — Slazenger Sport Anti-perspirant Deodorant Roll-on — has been added to the range.

Meanwhile, Elida Gibbs' launched the first ever heat responsive apd, the Sure Powerstick, and very quickly gained a 14 per cent share of the market, according to AGB Superpanel results (year ending August 30, 1992).



Gillette's revolutionary Cleargel apd features a patented grid applicator



Pizazz Sport are running two different Christmas promotions. Designed in special packaging, Pizazz shower gel and deodorant bodyspray will be available at £4.50 while the deodorant bodyspray and cologne will cost £7.50



Yardley's new fragrance Aspen is designed to evoke the the freshness of the mountains, with a burst of crisp citrus notes and bold spices. Targeted at the 15-35 age group, the range includes aftershave, cologne spray, dry stick deodorant and deodorant body spray

Bid to base EMEA in UK

Plans for a European system of medicines regulation took a step forward in Brussels last week. Details were announced at the Medicines Control Agency's third annual meeting, which also heard that the Agency had significantly reduced the time it takes to process licence applications.

Good year for the MCA

The past year has been a good one for the Medicines Control Agency, which achieved all its public health related and business targets including financial self sufficiency.

This was the verdict of the MCA's chief executive, Dr Keith Jones, who presented the Agency's annual report for the year April 1991-92. The average time taken to assess new chemical entities was 115 days, a new record and within the agreed EC target time of 132 days. The mean assessment time for appeals was 70 days (target 90 days).

The number of product licence variation applications received increased by 12 per cent to just under 11,000 and by the end of the year about 70 per cent were being cleared within six weeks of receipt.

The number of applications for manufacturers' licences increased by 275 per cent and for wholesale dealers' licences the increase was 148 per cent. A large proportion resulted from NHS establishments requiring licences for the first time following removal of Crown Immunity on April 1, 1991.

The Agency was again the major rapporteur for licence applications received under the EC multistate procedures and was chosen for over one-third of these applications.

On the financial side, the MCA moved away from gross running costs control to a more flexible system. The fees structure was completely overhauled and in July new annual service charges were introduced for maintenance of licences.

Revenue increased from £16.7 million in 1990-91 to £18.2m from the industry and £31m from the Government in 1991-92. The Government contribution is to disappear by 1994. The overall surplus was £1.7m but the aim was to break even rather than make a profit, and fees were set with this in mind. The surplus enabled repayment of a £1m debt accruing from the first year of operation.

Dr Jones hoped there would be no major changes in the fee structure this year but there was scope for further simplification. The aim was for the Agency to move to trading fund status next year which would give it more flexibility to match expenditure to demand and hence improve efficiency.

The Agency exceeded the target set for entering adverse reactions on its new computerised adverse drug reactions on-line information tracking system (ADROIT). Between January and March, 90 per cent of serious and fatal reports were entered within 48 hours of receipt. Most inquiries about ADRs were dealt with in seven days.



MCA speakers who outlined the state of play in European legislation (left to right): Dr David Jefferys, David Wild, Bryan Hartley, Dr Keith Jones and David Hagger

full agreement should be reached by December.

The matter was complicated by the fact that the European Parliament had to consider the proposals again early next year, but the provisional timetable gave October 1, 1993, as the date for adoption of the proposals by the Council of Ministers. If the site of the EMEA could be decided next year, the provisions could come into effect then or early in 1994.

The centralised procedures would start a couple of years later — at the end of 1995 or early 1996 — and the decentralised procedures in late 1998 or early 1999.

Homoeopathic medicines timetable

The MCA's David Hagger outlined proposals for homoeopathic medicines Directive 92/73/EC, adopted two months ago, provides for a simplified registration scheme for selected products, based on safety and quality only.

It also allows for full product licensing based on efficacy as well as safety and quality. A third option would be a national scheme with specific rules drawn up to cover efficacy, safety and quality.

Under the simplified scheme, registered products would carry a "kitemark" for safety and quality but there would be no official assurance on efficacy and products would make no therapeutic claims.

Mr Hagger said that, because the Directive had only recently been adopted, the MCA was

still formulating proposals for the UK and had not yet decided whether to go for a national scheme. The provisional timetable was to send out proposals for comment next February, allowing about eight weeks for consultation.

Regulations could then be drafted for Parliamentary approval by May 31, 1993. Assuming Parliament approved the new legislation before the Summer recess, guidelines could be sent to the industry by the end of September and the Regulations would come into effect on December 31, 1993.

If a national scheme was chosen, it might need to be phased in from January 1994, he said.

He stressed that everything the MCA did had to be paid for, so fees would be imposed for registration of homoeopathic medicines, based on the amount of work needing to be done.

Advertising assurance

Speaking on progress with EC Directives on leaflets, labelling and advertising, the MCA's Dr Susan Wood said there was a need to ensure that new Regulations would not impinge unnecessarily on the self-regulatory controls that had worked well so far in the UK.

The MCA had always felt that self-regulation had an important part to play and negotiators had fought hard to ensure that the self-regulatory bodies would remain. Self-regulation backed by legislation was the way forward, she believed.

The Government would like the UK to be home to the proposed European Medicines Evaluation Agency.

Tom Sackville, Parliamentary Secretary for Health, said last week that the UK had many advantages as a site for the new agency, which will have a key role in future EC medicines licensing arrangements.

"Not only do we have an excellent and thriving pharmaceutical industry in this country, we also have a very strong scientific tradition in pharmaceutical specialties," he told the MCA's annual meeting in London. "We can also offer a number of other unparalleled advantages — English, of course, is the international language of science and the pharmaceutical industry; we have an extensive pool of well qualified medical and scientific personnel from postgraduate centres of international repute, and we have unrivalled communications with Europe and the rest of the world, involving one-stop travel."

Although the final decision remains with the EC heads of government, he said: "I and my ministerial colleagues are discussing how we can bring the EMEA to this country."

The EMEA forms part of the EC's Future Medicines Licensing Systems proposals, which will set up two new procedures: centralised licensing for biotechnology products and other new active substances, and a decentralised procedure for other medicines which will be based on the principle of mutual recognition of member states' licences, with binding Community arbitration if disputes occur.

The EMEA will provide administrative and technical support for the new procedures and is likely to have about 300 staff. Its duties will include the co-ordination of the scientific evaluation of safety, quality and efficacy of medicines, and co-ordination of pharmacovigilance.

Mr Sackville announced that last week in Brussels the Internal Market Council (comprised mainly of trade ministers dealing with the Commission's proposals as they apply to the European market) came close to political agreement on the future systems proposals and he saw no reason why they should not go ahead as planned.

The MCA's David Wild elaborated on the timing. He said that two member states wanted a few more days to consider the proposals in their own language but he thought

E.C. De Witt & Co. gears up for future growth

1992 has seen the completion of the first stage in E.C. De Witt & Co Ltd's strategy for growth, aimed at taking the company forward, building its brands and increasing its presence as a major player in the UK and European OTC sectors. In 1990, De Witt was acquired by one of America's leading privately owned pharmaceutical companies, C.B. Fleet Co. Inc. and since then, under a new management team, has carried out a major review of its brands and businesses.

At the beginning of the year, De Witt's sales, marketing and head office functions were relocated to Runcorn, to join the manufacturing and distribution operations.

The company is now based in a new £5 million purpose-built complex, providing state-of-the-art manufacturing capabilities and office accommodation.

This has resulted in all functions being consolidated onto one site.

Throughout the year, De Witt management have been assessing all areas of their business and this has resulted in a much greater emphasis being placed on the company's marketing activities.

Strenuous efforts have been made to provide retailers with high quality, De Witt-manufactured branded products, each benefitting from strong consumer promotional support.

In April the company demonstrated its commitment to growing its branded business with the acquisition of Ethichem - including two well known brands - Witch Doctor and Witch Stik.

Worth over £2 million at retail selling prices both products fit well in the



John James, Managing Director of E.C. De Witt

De Witt portfolio, and are already benefitting from higher levels of marketing support.

E.C. De Witt's managing director John James says: "1992 has been an exciting year. It has seen a strengthening of our branded businesses with increased marketing investment, and the formulation of development plans capable of maintaining future business growth. 1993 will see these plans come to fruition, and E.C. De Witt will be 'one to watch' for the trade."

Witch

The newest additions to E.C. De Witt's portfolio, Witch Doctor and Witch Stik, are currently benefitting from advertising and public relations support.

A women's press campaign for Witch Doctor has just been completed in leading women's magazines, and press advertising for Witch Stik, aimed at younger women and teenagers, is currently taking place in no less than 19 women's magazine titles,

appearing until the end of the year.

Both brands are the subject of consumer sampling exercises offering more than 140,000 opportunities to try the brand, and sales are up 20 per cent over the same period last year. John James comments: "Both Witch Doctor and Witch Stik have been growing despite very little support historically. Our strategy is to carry on with what has been a successful marketing formula - we're simply going to do a lot more of it!"

Clinomyn set to clean up smokers' toothpaste market

A strong marketing programme, including half a million pounds worth of TV advertising has been invested in Clinomyn this year - John James says it is already paying off.

In 1992 Clinomyn continued to increase its market share, and with less than a quarter of Britain's 17.7 million smokers using a specialist toothpaste currently, John James believes the brand still has vast potential to grow further.

The brand has also become the first specialist smoker's toothpaste to receive endorsement from a leading dental organisation, the British Dental Health Foundation, following extensive clinical studies.

The trials showed that 87.5 per cent of users reported a very good or good effect on stain removal and prevention, and they also reported additional benefits of whiter and cleaner teeth, and reduction of plaque.

Consumer research has shown that consumers find this sort of endorsement a real incentive to buy, and De Witt have ensured that the message comes across by incorporating the BDHF endorsement into a new pack design, which strengthens the

brand image, and highlights Clinomyn's unique stain removing ingredient Polynam*.

Clinomyn has been tapping the potential for a specialist toothpaste all year, with major advertising and public relations campaigns taking place. A national press advertising campaign in the summer, giving away 26 million coupons redeemable against Clinomyn, was followed by the brand's first ever national TV campaign, which is being broadcast from now until Christmas.

The commercial highlights the fact that the product is effective at removing stains yet gentle enough to be used by all the family, not just smokers.

Consumer public relations activity emphasises the same message, with over 12 million people hearing or seeing the Clinomyn brand via editorial coverage.

E.C. De Witt are also introducing extra value packs and 20ml trial packs of Clinomyn during October, and as John James says: "we are committed to un-locking further growth potential for 1993."

*Polynam is a registered trademark



Clinomyn Smokers Toothpaste, the first specialist smokers' toothpaste to receive endorsement from the British Dental Foundation

Business hots up for cold sore treatment!

Cymex - E.C. De Witt's cold sore treatment - is coming under the spotlight this winter, with a major support programme designed to encourage trial and highlight the product's strengths. Cymex will also benefit from a new pack design and format.

The 5g tube is now packaged into an attractive merchandising unit which more clearly communicates the product benefits, and means that Cymex can be more effectively merchandised. The yellow and green colours have been retained, but the new

card format offers much more impact in store and affords self-selection siting (GSL).

New advertising has been developed for a continuous national press campaign which started in October, and consumer sampling exercises are now taking place with Chat, Bella, Ski Special and Daily Mail Ski magazines, among others. On-going PR activities throughout the year, highlighting the "curse" of cold sores will continue, and have already helped to build sales throughout the summer months.



The Summer's Eve range

Summer's Eve leads the way

With feminine intimate hygiene products currently used by only 3 per cent of British women, E.C. De Witt's launch of the Summer's Eve range (feminine wash, non-talc feminine powder and intimate cleansing cloths) could be seen as optimistic to say the least.

However, in Summer's Eve the company knew it had a range which had enormous success in the US (where it accounts for a 55 per cent share of the \$50 million market) and extensive pre-launch research showed that British women were very interested in the product concept, and that after trial 70 per cent of women expressed an intention to purchase.

The range was launched in April, initially to the independent chemists sector, and was supported with consumer advertising in the summer.

John James comments: "We know that people are interested in the product concept, and also understand that education and information is very important with a range of this type."

The education and information campaign started with the production of a consumer information leaflet, written by a GP (who specialises in family planning). This formed the backbone of De Witt's communications with women's health groups and health visitors.

With a very positive response from a number of organisations, and a direct mail campaign to health visitors throughout the country elicited an enthusiastic response.

Specially produced trial packs enclosing product information and samples of the Wash and Powder products were issued to 9,000 retail chemist counter assistants, and are also being used by the Information Bureau to meet consumer requests.

Summer's Eve moves into a new arena from January 1993 when major accounts come on board. At this time brand support will be increased substantially.

John James says: "Extensive advertising will support Summer's Eve, starting in January. Our approach will be educational and strongly product-led and is designed to gain awareness amongst our female target market very rapidly."

The E.C. De Witt range

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- De Witt's Antacid Powders - tablets
- De Witt's K & B Pills (Kidney and Bladder)
- De Witt's Throat Lozenges
- Clinomyn Smokers Toothpaste
- Clinomyn Smokers Breath Freshener, non-aerosol breath freshener spray
- Summer's Eve Range (feminine wash, non-talc feminine powder and intimate cleansing cloths)
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- Witch Doctor and Witch Stik
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Tel: 0928 579029

BAPW launch supplier membership scheme

More than 43 manufacturers and suppliers heard the British Association of Pharmaceutical Wholesalers launch an associate membership scheme for their sector. The BAPW is hoping that wholesalers and their suppliers will be able to get together and work out a long term strategy which both parties can live with.

The move comes as the Chancellor's Autumn statement and the Department of Health's extension of excluded categories for pharmaceuticals have hit the industry. However, the BAPW insists the timing is merely coincidence.

Associate membership will allow suppliers to form their own steering committee in the BAPW, with a view to forming joint working parties with the wholesaler members to look at specific issues. Associate membership is expected to cost the manufacturers around £400 a year. For it, they will be listed in the BAPW directory and get all the Association's mailings. There are also plans afoot for an international pharmaceutical conference, and associate members will be able to contribute to the BAPW's magazine.

Launching the scheme against a background featuring the BAPW's new blue logo, BAPW chairman David Taylor said: "Wholesalers' relationship with retail pharmacy is very close. We are close to the Royal Pharmaceutical Society and even closer to the NPA. However, our current links with manufacturers do not work well. It is vital we both understand better about each other's sector so that people can develop policies based on knowledge and trust."

Plan the future

"Suppliers and wholesalers need to plan the future together. There is a worldwide move to regulate health care costs and the most emotive cost is the drugs bill.

"Pressure is continuing on all of us. Mrs Bottomley has said she is taken with the German idea of a 5 per cent reduction in prices followed by a price freeze."

Former BAPW chairman Dr Peter Worling, who influenced the establishment of the associate membership scheme, said: "There

does not appear to be an initiative to plan the way forward to solve common problems — there is a growing suspicion of wholesalers by manufacturers. Associate membership of the BAPW should provide a better way forward for all concerned."

Dr Worling believes the scheme has the potential to achieve the

difficult for them to admit that an expensive mistake had been made.

Ron Irwin, the chairman and managing director of Marion Merrell Dow, welcomed the scheme, saying: "The pharmaceutical industry is expert in R&D but not in distribution; we need to work with wholesalers



From left to right: Michael Watts, BAPW director; Dr Peter Worling; David Taylor, BAPW chairman and md of AAH Pharmaceuticals; Melvyn Jeremiah, representing the Department of Health; Ron Irwin, managing director of Marion Merrell Dow

joint planning and development of the most cost-effective distribution scheme for pharmaceuticals taking into account all healthcare cost factors.

BAPW director Michael Watts said: "The link between wholesalers and their customers has always been close, which has benefited both parties, but manufacturers have felt colluded against.

"Feedback from pharmaceutical suppliers says associate membership of the BAPW is a real need.

"Manufacturers also take wholesalers for granted, but as an industry we can't afford to ignore one another.

"The ABPI and the BAPW already have contact at many levels but not to make policy."

More for less

"The Department of Health wants more for less; this has never been more apparent than following the Autumn statement from the Chancellor."

Mr Watts argued that manufacturers "imposing dogmatic systems" was less efficient, but once done it was

for cost-effective distribution.

"It is incumbent on manufacturers and wholesalers to work together to provide the cheap and efficient delivery of medicines to patients."

Department of Health spokesman Melvyn Jeremiah said: "We have just come to the end of an extremely difficult expenditure round. It is the worst campaign I have been through in my many years at the Department.

"The NHS drugs bill is at the highest ever level. GPs' prescribing is up 12 per cent on the previous year, at £2.3 billion, and the Department expects a similar increase this year.

"This represents a £200 million excess on government expenditure plans: this cannot be sustained. The Department is revising procedures for transferring Prescription Only drugs to OTC and this will now take only a year.

"The BAPW is entirely in line with this to provide a means of dialogue which wasn't there before."

Glaxo Pharmaceutical's head of distribution, Mr C.T. Norman, expressed goodwill towards the



Michael Watts, BAPW director

AAH cease deliveries to Lloyds

AAH has ceased deliveries to branches of Lloyds Chemists by mutual agreement. AAH were given three month's notice of the discontinuation, which was effective from September 1.

David Taylor, AAH managing director, says it was becoming uneconomical for Lloyds to continue to use AAH as a second line wholesaler.

Lloyds own wholesale operation, Barclay Enterprise, has been expanding rapidly over the past 12 months and now provides a full line service.

Numark enhances finance

Numark Management have enlisted an additional banking partner in a move designed to enhance their finance scheme for independent pharmacists.

Midland Bank and the Bank of Scotland will now offer independently tailored financial packages, with interest rates between 1.5 per cent and 2 per cent above base rate, and without the need for any trading ties from pharmacists.

Currently finance is only available in England, Scotland and Wales, although Numark is negotiating with two banks in Northern Ireland to set up a similar arrangements.

A new explanatory brochure and application form can be obtained from David Wood at the company.

Boots look leaner and fitter

Boots the Chemists boosted profits to almost 21 per cent on a turnover up under 9 per cent in the six months to the end of September. These numbers helped the group as a whole to achieve an underlying profit growth of 12.6 per cent on sales up 7.9 per cent.

Boots chief executive Sir James Elyth attributes the improvements to reduced stock levels, based around a just-in-time delivery philosophy and a programme of installing EPoS tills, as well as other productivity improvements.

Boots the Chemists have also been boosted by a 13.3 per cent increase in dispensing sales, in

Boots Company interims

Sales up 7.9pc to £1.8b

Pre-tax profit up 16pc to £187.8m

EPS up 11.5pc to 12.6p

Interim dividend up 7pc to 4.6p

part due to the increased number of residential homes serviced by the company and in part due to Boots' collection of repeat prescriptions from GP practices.

On the down side, Sir James said that the clawback has proved to be more than the company anticipated and the company have made a £5.6 million charge in the accounts to cover their estimate of half the additional impact of the 1992-93 clawback.

Sir James commented: "Clawback is only one aspect of NHS remuneration. We believe that the tiered fee structure may be discontinued for NHS remuneration," to the company's overall advantage.

In health and personal care, Boots the Chemists managed a 12.6 per cent increase in the first quarter, when relatively sunny weather and consumer confidence boosted sales, but this fell back to just 5 per cent in the second quarter when both these factors had less impact.

Results for the group's pharmaceutical division were less spectacular, with sales showing a 6.6 per cent increase to £368.5m but with profits falling back by 3.6 per cent to £64.8m. Since April Boots have subdivided this division into Boots Pharmaceuticals, Boots Healthcare International and Boots Contract Manufacturing.

In pharmaceuticals Boots have increased marketing expenditure on Manoplax by some £8m, and Sir James said he would be disappointed if the drug had not received US FDA approval by the end of March.

Responding to a suggestion that Manoplax may only get US

approval as a treatment only when ACE-inhibitors have failed, Sir James said: "I am confident Manoplax will be prescribed as an addition to ACE-inhibitors over a period of time."

In the UK Manoplax sales are above expectations, he said.

The branded over the counter medicines which form Boots Healthcare returned a sales increase of 8.7 per cent, with Strepsils and Nurofen performing well.

Sir James said the company was no longer interested in taking on parts of Fisons consumer healthcare businesses, saying the price for them had become "a mite rich for our blood".

Results for the company's DIY and car maintenance businesses remain flat. However, the opticians business has shown an 8 per cent increase in sales and a 12 per cent increase in profits. Boots are now the number two optician in the UK.

The company's interim dividend is 4.6p, up 7pc.

• Boots have also announced plans to open nearly a third of all their stores on the three Sundays in the run-up to Christmas.

The decision depends on whether other stores are opening in the locality, and is a result of consumer demand, say Boots.

Superdrug open their first pharmacy

Drugstore Superdrug opened their first in-store pharmacy in Cheltenham on Monday. The department is being run by Christine Tobitt, a former full-time locum in the West Midlands.

The pharmacy was taken over by Superdrug when it bought an old Co-op site, and is being used by the company to "test customer reactions to a chemist's counter within a Superdrug store".

To tempt customers Superdrug is reducing by 10 per cent the price of the main proprietary brands of contact lens solutions at the pharmacy counter.

• Superdrug will launch their new advertising campaign for discounted fine fragrances in women's weekly titles, including *Bella*, *Best* and *Chat*, starting December 1. In its battle to sell fine fragrance the company has previously had its advertising turned down by some of the major newspaper and magazine publishers (C&D October 10).

IN THE CITY

The fall in interest rates to 7 per cent, coupled with Bill Clinton's victory in the US presidential elections has provided a fillip to stock markets both side of the Atlantic. Hopes of an economic recovery in the US and the Government's new strategy at home have helped to deflect worries about a worldwide trade war and a slowdown in Continental Europe.

Against this background, however, the pharmaceuticals sector has been affected by some uncertainty. A key factor is Mr Clinton's much vaunted plans to overhaul the American healthcare system. Many believe this will result in a sharp drop in prices of drugs in the US, as the new administration attempts to block the spiralling costs of healthcare in the US. Not surprisingly, shares in most blue chips — Glaxo, Wellcome and Smithkline Beecham — have been unsettled by the worries.

However, the expected strengthening in the dollar over the next few months has helped to cushion the bearish sentiment, as UK health sector companies have a high exposure to the American market. A firmer dollar means their US profits look better on translation into sterling.

In addition, City opinion about the Clinton factor remains mixed. Some analysts believe the impact of the Democrats will be limited because of product innovation and growing demand for new medicines.

Shares in Glaxo have also attracted interest following a recent recommendation from Wertheim Schroder, the New York securities firm. Nikko, the Japanese broker, has also been positive about the company's prospects as well as Wellcome's potential. Nikko reiterated its buy stance on both companies in a recent circular to investors.

However, others are concerned by Glaxo's continued reliance on Zantac. With Astra, the Swedish company, reporting strong growth for its own ulcer drug, Losec, there are fears Glaxo could face stiffer competition.

Coming Events

Devon LPC conference

The Devon LPC contractors conference will be held on November 29 at the Exeter Court Hotel, Kennford, Exeter. Speakers are: PSNC chairman David Sharpe, "Does the Department really hate pharmacists?"; PSNC secretary Steve Axon, "Rural mayhem", and general manager of Devon FHSA Eddie Herbert, "Why are pharmacists so difficult to deal with?". Details from Dennis Millington (tel: 0822) 853515.

Saturday, November 21

Slough branch RPSGB 40th annual dinner dance at Fredricks, Maidenhead, 7.30pm for 8pm. Special guest: Jan Morrison JP, non-executive director Heatherwood and Wrexham Park Hospitals Trust.

Tuesday, November 24

Durham branch RPSGB "Drugs and the elderly" by Dr Alan Rodgers, consultant geriatrician, Dryburn Hospital. Meeting at 8pm in the Postgraduate Medical Centre at Dryburn Hospital. Sponsored by Stuart Pharmaceuticals.

Leicestershire branch RPSGB Post Grad 5: Putting theory into practice. A review of the previous four

presentations, at the LRI PGMC.

Oxfordshire branch RPSGB Chiltern Region Lecture "Facing the future — the options for pharmacy" by David Taylor. Meeting at 7.30pm in the Cockburn Medical Centre, St Mary's Hospital, Paddington. Buffet and refreshments at 6.45pm.

Wednesday, November 25

Gwent branch NPA "Pharmaceutical care: is it really the future?" by Tim Astill, NPA director. Meeting 7.30pm in The Conservative Club, Pontypool.

Somerset branch RPSGB Visit to the Brewhouse Theatre, Taunton to see Billy Liar. Limited seats. Details from John Hincks. Tel: 0984 23284.

Scottish Borders branch RPSGB

"Keyhole surgery" by D.N.Bremner, consultant surgeon, Borders General Hospital. Meeting in the Education Centre, Borders General Hospital at 7.30pm for 8pm.

Thursday, November 26

Bradford & Halifax branches NPA and RPSGB Joint meeting at the Bankfield Hotel, Bingley at 8pm. Speaker Dr J. Halloran, medical adviser to Bradford FHSA.

Friday, November 27

Weald of Kent branch RPSGB "The countryman's year" by Brian Doe in the Postgraduate Medical Centre, Kent & Sussex Hospital, Tunbridge Wells at 7.45pm for 8pm.

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Long established pharmacy on outskirts of town centre. Estimated turnover £220,000 based on 1500 items per month. Rent £5,200 per annum. Low outgoings. Popular location. Ideal first purchase. Offers invited for goodwill, lease, fixtures and fittings plus SAV. CONTACT EPPING OFFICE</p> <p>1925 EAST ANGLIA
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Single fronted pharmacy with living accommodation if required. Turnover approximately £230,000. NHS items 1,600 per month. New lease. Price for goodwill, 181 £80,000 plus SAV. CONTACT BOURNEMOUTH OFFICE</p> <p>1961 SOUTH HAMPSHIRE
Town 'New Forest' and coast. Popular village pharmacy with good living accommodation available if required. Turnover approximately £200,000. NHS items 1,900 items per month. New lease. Price for goodwill, 181 £70,000 plus SAV. CONTACT BOURNEMOUTH OFFICE</p> <p>C1950 LANCASHIRE
Recently opened & developing community pharmacy situated on main road near doctors surgery and with substantial freehold accommodation. Sales year end 31.3.93 £220,000. gross profit 48%. 300-350 items per month. 2200 items per month. 181 £110,000 plus SAV. fixtures & fittings £85,000. Freehold and stock at valuation. CONTACT LEEDS OFFICE</p> | <p>C1949 FYLDE COAST
Community pharmacy sited in town centre location of popular Lancashire holiday resort. Sales year end 30.4.92 £254,000, gross profit at 28% £71,184.00. NHS average 2400 items p.m., tenure lease hold on 21yr lease, price for gw 181 £135,000, financial arrangements possible to suitable purchaser. CONTACT LEEDS OFFICE</p> <p>C1818 YORK
Community pharmacy located in prestigious area of York. Double fronted corner unit. Leasehold premises with ample potential. Projected sales year ending 31.7.92 £319,000. Gross profit at 28.5% £91,143. NHS average 1700 items per month. Price for goodwill, fixtures and fittings £185,000 plus stock at valuation. CONTACT LEEDS OFFICE</p> <p>1640 SHEFFIELD
Turnover year end 31 May 1992 £230,000. NHS 1700 items per month tenure Leasehold. Price for Goodwill, Fixtures & Fittings £59,000. CONTACT LEEDS OFFICE</p> <p>C1856 YORKSHIRE/LANCASHIRE BORDER
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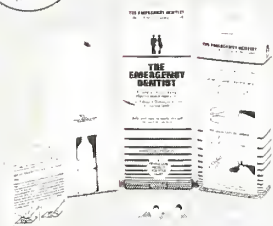
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50ml EDT Spray	
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CINNABAR	<input type="checkbox"/>
30ml EDP Spray	
RRP £21.50 Cost £17.20	
EAU DE GIVENCHY	<input type="checkbox"/>
50ml EDT Spray	
RRP £19.75 Cost £13.85	
FENDI	<input type="checkbox"/>
50ml EDT Spray	
RRP £32.50 Cost £22.75	
GIORGIO	<input type="checkbox"/>
50ml EDT Spray	
RRP £29.50 Cost £22.15	
HALSTON	<input type="checkbox"/>
70ml EDT Spray	
RRP N/A Cost £9.95	
L'AIR DU TEMPS	<input type="checkbox"/>
30ml EDT Spray	
RRP £12.95 Cost £8.75	
LOU LOU	<input type="checkbox"/>
30ml EDP Spray	
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CHANEL NO.19	<input type="checkbox"/>
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50ml PDT Spray	
RRP £28.00 Cost £21.00	
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LOU LOU 30ml EDP Spray & 100g Soap	27.50	15.95	_____
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Estee 30ml EDP Spray	22.50	12.95	_____	Fahrenheit 100ml Aftershave	28.00	16.50	_____
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TRADE LESS 30%+VAT - 74 Dantrium caps 100mg; 37 Imoran tabs 50mg; 43 Orimetin tabs 250mg; 72 Parlodel caps 5mg; 3 x 15 Hollister 3558. Tel: 0723 513106.

PROPADERM-A OINTMENT - 7 x 30g (exp 3/94) £1 per tube to a good home! Tel: 0272 264785 (Mon-Fri only).

TRADE LESS 30%+VAT+POSTAGE - 8 x 10 Voltalar suppos; 1 x 100 Lasikal; 2 x 28 Zestoric; 60 Viskin 5mg; 1 x 30 Deponit-10; 1 x 100 Ronicol Timespan. Tel: 081-549 6298.

UNIPARIN 5000IU/0.2ML pre-filled syringe x 267; Stemetil 12.5mg/ml amps x 10; Solu-medrone 125mg vial x 8; Xylocaine 0.5% with adrenaline 1-200,000 20ml x 5. Trade less 50%+VAT+postage. Tel: 0268 583508.

TRADE LESS 40%+VAT+POSTAGE - 2 x 600ml Algitec; Faverin 50mg x 72; Adizem-SR 3 x 56; Eldepryl 5mg x 129;

Rivotril 0.5mg x 193; Betim 10mg x 182; Phyllocontin Forte x 120. Tel: 081-764 4812.

TRADE LESS 30%+VAT - Orbenin caps 250mg; 20 Daktarin tabs; Acid 300mg; Antepsin; Ditropan 5mg; Beta Adalat. Tel: 081-520 5820.

TRADE LESS 40%+VAT - 40 Fucidin tabs; 2 x 30 Dytac; 60 Imuran 25mg; Ciproxin 500mg & 250mg; Hypovase 1mg & 2mg; Cardene 30mg; All long dated. Tel: 0792 654635.

TRADE LESS 30%+VAT+POSTAGE - 93 Achromycin tabs 250mg; 540 Achromycin caps 250mg; 18 Surgam 300mg; 70 Salurin; 30 Serophene 50mg; 1 Syntaris spray. Tel: 0963 250259.

TRADE LESS 50%+VAT - 100 Cycloserine 250mg; 140 Metenix 5; 52 Aldactide 50. Tel: 071-724 8698.

TRADE LESS 25%+VAT - 4 Convatec S413; 5 Limone sprays; 300 Fucidin tabs; 56 Drogenil tabs; 4 Teoptic drops; 100 Aldactide 25mg (exp 1/93); 56 Stromba tabs. Tel: 081-989 0070.

TRADE LESS 60%+VAT+POSTAGE - 36 x 500ml each of Liquisorban MCT strawberry and vanilla flavour (exp 1/93); 4 x 50 Dropleptan 10mg (exp 1/97). Tel: 071-226 8409.

2 X 100 CELANCE TABS 1000mcg; 500 Franol new formula; 21 caps Acid 300mg; 6 x 5 Stomahesive wafers S100; 10 x 60g Stomahesive paste. All less 30%. Tel: 0272 672851.

TRADE LESS 40%+VAT+POSTAGE - 200 Pentasa 250mg tabs; 9 Setopress bandages 10cm; 1 x 12 Texas catheter. Tel: 0924 454729.

TRADE LESS 30%+VAT - 49 Sandimmun caps 100mg; 48 Sandimmun caps 50mg. Tel: 0705 663945.

TRADE LESS 50%+VAT+POSTAGE - 3 Atrovent Forte inhalers (exp 5/95); 2 x 200 Camcolit-400 (exp 10/93); 70 Honvan tabs (exp 4/93); 1 x 100 Ponstan disp (exp 2/93); 2 Rynacrom drops (exp 1/93). Tel: 081-950 0934.

TRADE LESS 50%+VAT+POSTAGE - 12 x 30 Hollister 2113. Tel: 0706 32916.

TRADE LESS 20%+VAT - 124 Glucophage 500mg; 48 Glucophage 850mg tabs; 168 Hexopal 500mg tabs; 56 Corwin 200mg (exp 6/93) Tel: 0792 892308.

2 PORTABLE OXYGEN CYLINDERS (AAV230 series) £70+ VAT+postage each; 150 Dimelor 500mg tabs (exp 5/94), trade less 30%. Tel: 081-361 8681.

TRADE LESS 50%+VAT - One vial Roferon-A 9m iu; 3 x 10 Calciparine sub inj 5000iu; 2 x 500 Pancrex-V tabs. Tel: 0532 486766.

TRADE LESS 50%+VAT+POSTAGE - 95 Lopid 300mg; 35 Nizoral 200mg; 228 Sinemet-275 tabs; 34 Opilon 40mg; 168 Megace 40mg; 127 Gastrobid Continus; 3 Bactroban nasal 3g; 30 Ubretid 5mg; 250 Droptan. Tel: 0380 723804.

TRADE LESS 30%+POSTAGE - 140 Orudis caps 50mg; 15 Puri-Nethol tabs 50mg; 70 Sabidal SR 270; 100 Urispas tabs; 100 Navidrex-K tabs. Tel: 051-339 3123.

150ML ANAFRANIL SYRUP - 150ml Lacticare; 4 x 21 Eugynon 30 (exp 3/93); 94 Lexotan 1.5mg (exp 2/93); 50 Tinselt. All trade less 50%+VAT+postage. Tel: 0322 526470.

EXCESS STOCK SWAPPED or bought. Phone/fax list to 0204 883220.

FOR SALE

BMW 318i, F REG - Zinnober Red, elec windows and mirrors. FSH. Serviced Oct '92. PAS, Blaupunkt quad stereo, alarmed. 12 months MOT, 6 months tax. Very clean. £6,200. Tel: 0925 445463.

COUNTER UNIT - 59" long x 24" wide x 35" high. Glass front with shelves. Twenty 10" x 10" x 7" wood drawers behind. £50. Buyer collects. Tel: 081-977 2539 (day).

PHARMATRIEVER - Space saving, incorporating 24 x 5ft carriers available in the New Year due to re-location. Offers invited. Tel: 0625 574401.

INTELCOM PHONE-copy-fax machine with built-in fax switch @ £250+vat. Tel: 081-520 5820.

ASTRA VAN - 1.3L automatic. 1987 E Reg. 40,000 miles. One year MOT. 6 months

tax. FSH. Alarm, rear seat fitted. £1,500+VAT. Tel: 0642 245859.

MERCEDES 190E 2L Auto. G Reg 1990. ESR. EW. PAS. FSH. Blue/black metallic. One owner. 34,000 miles. Reduced for quick sale from £13,000 to £11,750. Tel: 0532 484107.

WANTED

SECOND-HAND Children's Encyclopaedia Britannica required. Tel: 081-204 4542.

SANDIMMUN CAPS - 25mg, 50mg, 100mg; Sandimmun oral solution any quantity considered. Tel: 071-736 4126.

PANCREX V FORTE TABS wanted. Send your excess ethical stock list to John. Tel: 0482 54260 Fax: 0482 501792.

4 BOXES HOLLISTER Stoma pouches 2173. Tel: 0705 663945.

IMPORTANT

Because demand for free Business Link entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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Proposed advertisement copy (maximum 30 words)

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To be included under section Heading

Signed Date

Aboutpeople

New line up of YPG officials

Andrew Burr is the new chairman of the Young Pharmacists' Group. Nicola Gray takes over the post of vice-chairman of the group.

The full line-up of officials is: Andrew Burr (chairman), Nicola Gray (vice-chairman), Helen Boardman (secretary), Andrew Weinronk (treasurer).

Tee Treacy (public relations officer), Richard Eyles (membership secretary), Andrew Watson (social secretary) and Vicky Evans (editor of the newsletter).

The following are the YPG's regional officers: Gary Brown (Midlands), Liz Jessop (Pennine), Alison Strath (Scotland) and Deidre McKiernan (Wales and the West).

Appointments

Maria Murray MRPharmS has joined the staff of *Chemist & Druggist* as a reporter. She graduated from Trinity College, Dublin, in 1988 and spent her pre-registration year working in a community pharmacy in Dublin. She registered with the Pharmaceutical Society of Ireland in 1989.

After registration she worked in community pharmacy in Dublin before moving to London. In 1991 Maria joined Mediq, a medical publishing company that produces training programmes for international drug companies and worked there for over a year before taking up her present position at *C&D*.

Jonathan Yardley has been appointed marketing director of Zyma Health Care, a subsidiary of Ciba-Geigy.

Fuji Photo Film (UK) Ltd have appointed **Steve Waldron** as product manager for the company's consumer camera range.

Dr Nicholas Payne has been appointed director of new products and business development for the UK subsidiary of multinational pharmaceutical manufacturer, Syntex.

Pharmacist on Romanian aid team

Pharmacist Roger Lee from Lancashire travelled to Romania with the Pendle Romanian Team to carry out volunteer work in the country. The Pendle Romanian Team was founded in 1990 and since then has travelled to Romania four times, arranging the movement of over £300,000 worth of aid to the country.

On a previous visit Mr Lee had assessed the needs and material requirements of the medical centre in the village of Diosti. The centre had an inadequate water and electricity supply and levels of drugs below those necessary for survival.

The team's committee agreed that supporting the medical centre and its dispensary was a worthwhile project. Mr Lee then set about obtaining drugs and dressings in England by asking doctors and drug company representatives for surplus samples. Wholesalers, health centres, nurses, hospitals and residential homes were cajoled into donating supplies which were then carefully sorted and stored by Mr Lee.

A convoy of four vehicles and 13 drivers set off for Diosti on October 8. Between Monday and Thursday strip lighting, power points and a water heater were



Pharmacist Roger Lee (back row, fourth from right) is pictured with other drivers of the Pendle Romanian Team after their overland journey back to Ramsgate

installed, the water supply was located and piped into the consulting room and dispensary, and all three rooms were newly painted.

A transit van, loaded with boxes of drugs and dressings, arrived at the refurbished centre on Thursday morning. The drugs were enthusiastically unpacked by local doctors and villagers.

The Pendle Romanian Team left Diosti on October 16, hopeful that their work would improve the quality of life for the villagers.

The Team, including Mr Lee,

intend returning to Romania in April 1993 when their main project will be a children's sanatorium in Govara which accommodates 200 children who suffer from respiratory diseases.

Very few drugs, if any, are available to treat the children and Mr Lee is appealing for drug donations to provide a small stock of antibiotics, bronchodilators, vitamins and other drugs. Any pharmacists, wholesalers or manufacturers who wish to donate drugs should contact Mr Lee on 0282 614940.



Pharmacist Vatsal Amin was the winner of the APS/Berk prize draw held at Chemex in September. He is pictured receiving his prize of a new Metro GTi from Lesley Strong, APS/Berk southern regional manager. Mr Amin has a chain of six pharmacies in the South London area which he runs with members of his family. He is currently setting up "Wisebuys", an independent buying group

Exam success

Following the response from Scottish pharmacists wanting to sit the College of Pharmacy Practice Assessment E Objective Structured Practical exam, which led to a centre being set up in Glasgow as well as London, the following candidates have passed the examination:-

Sarah Bakhle, Ian Barrie, Ewan Black, Heather Black, Fiona Bruce, Gail Caldwell, Illa Chhaya, Jean Coote, Mark Easter, Carl Fenelon, Elizabeth Grant, Mary Grant, Karen Hochmuth, Alistair George MacLaren, Maria Marshall, Jacqueline Matthews, Janet McDonald, Ramila Mistry, Lynn Morrison, Peter Mulholland, Elizabeth Roddick, Elizabeth Russell, Sarah Schofield, Karen Shaw, Maria Tracey, Patricia Wallace.

Mary Grant has also completed the membership examination and is now a Practitioner Member of the College of Pharmacy Practice.

LET'S be honest, times are hard and many pharmacists may be thinking of ways to save money.

Take Coversure for example. As a simple means of cutting costs, you may think you can manage without it. On the face of it you will save money. But for the sake of £2 a day, is it really worth it?

In the event of a problem, you would miss out on instant access to our TeleHelp line. (Remember that over 75% of all difficulties are resolved with a single call). Nobody else has the knowledge to offer the quality of service provided by the TeleHelp team.

Suppose your system breaks down altogether. Without Coversure you won't be able to rely on our eight hour replacement service. Instead you would have to arrange and pay for repairs yourself, which could take weeks and prove very costly.

Having Coversure means that you can dispense every prescription and compile accurate orders with complete peace of mind, knowing that every drug is kept right up-to-date with our monthly product file updates. Just imagine how much time and money it would cost if you or your staff had to update the whole system with new interactions, cautions, doses, products, pack sizes,

If your JRC system breaks down, will you be joining it?

prices ... every month! (It's a full-time job for the five members of our Product File Management Team).

Perhaps the most serious consequences of not renewing Coversure, are the future developments you will miss. Our dedicated team of programmers are continually working on new packages to help you save time and money.

Whereas most companies ask you to pay extra for extra facilities, Coversure guarantees that you always have the latest software. For example, all our Coversure members will shortly receive the Prescription Endorsement facility and VADIS program, at no extra cost.

And a word of caution to anyone who thinks they can get all this from a company offering cheaper maintenance. The truth is: our prices reflect the fact that we don't cut corners and that most of the money you spend on a JRC system goes towards looking after that system once you've bought it.

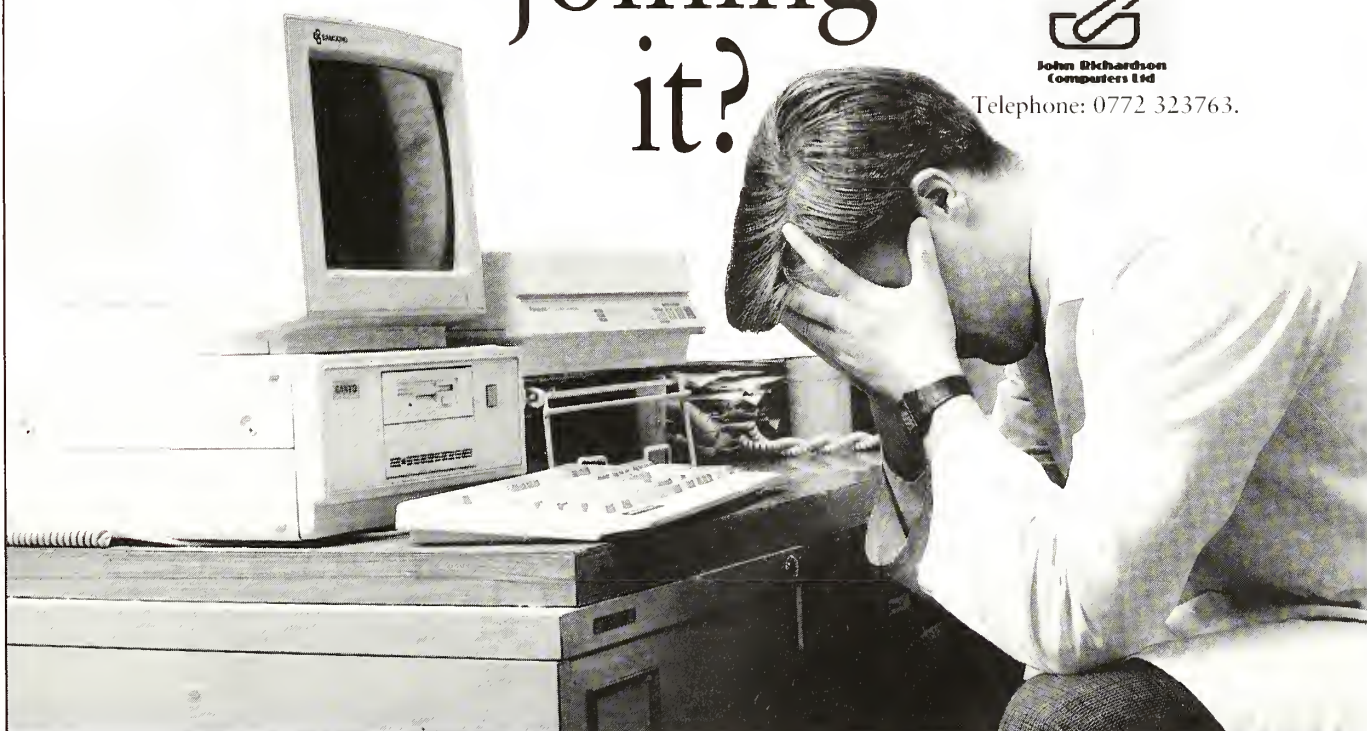
Whichever way you look at it: for peace of mind, back-up service and keeping up with the latest developments, you can't afford to be without Coversure.

Coversure. The truth is it pays to have it.



**John Richardson
Computers Ltd**

Telephone: 0772 323763.



EVERGREEN

Effico is now more popular than ever with your customers; pharmacy sales of this distinctive green coloured tonic have grown by 14% over the past 12 months¹.

Effico is the only tonic which contains an appetite promoter as well as 'B' vitamins, to provide an effective pick-me-up when feeling tired, run down or convalescing after illness.

Available in an economical 500ml or handy 300ml bottle, there's more choice for your customers and more profit potential for you.

And with 56% of sales from pharmacy recommendation², your continual support together with an extensive National Daily Press Advertising campaign and point-of-sale material, will ensure that Effico is an evergreen seller.

